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## ORIGINAL COMMUNICATIONS



### TRAVELLING WITH A PATIENT IN EGYPT

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FIRST, shall it be done? Does Egypt offer anything to the invalid, or is it simply "that hot, dusty country," rather to be avoided than sought out, against which at least one physician recently warned an invalid?

To the first two propositions the writer desires to say "Yes," and to record a "No" against the last, admitting that there is dust in Egypt, and sometimes plenty of it, and that it is also hot at times. Outside of Cairo, however, the dust is not troublesome, and as for heat, why, that is what an invalid wants, and in that lies one of Egypt's chief advantages as a health-resort during the five or six months of the year when winter reigns in the greater part of America, and when even Southern Europe is often frigid and at the mercy of cold, damp winds. Do not let the fear of that deter an invalid from going to Egypt. On the contrary, there will probably be days, and certainly nights, when the mercury sinks lower than is desirable. During December and January on the Nile the mornings and evenings are almost invariably quite cool, and one can sit out-of-doors with comfort on very few nights of this period; certainly not without extensive wrapping up. A minimum night temperature of about 40° F. is usual on the Nile at this season, and the mercury may stand below sixty degrees in the shade during a considerable period of the day. Add to this a wind that is equally cold from north or south, and the chances are that enduring the tropical heat of Egypt will not be beyond most of us.

But in this we have given the other story,—not the days and days of uninterrupted sun-glow, during which for many hours it is possible to bask out-of-doors in a temperature of seventy to eighty-five or more degrees, breathing the invigorating air from desert or river and revelling in the renewal of health. It is well known that for dryness of climate Egypt is unsurpassed. Assouan in Upper Egypt, at the First Cataract, enjoys the distinction of being the dryest accessible health resort in the world, and with its great warmth, permitting continuous out-of-door life, its superiority over other resorts of low humidity is very apparent. The Engadine may be drier, but that region is cold and practically out of the world. Colorado is nowhere so dry as this particular part of Egypt, and Florida, though occupying almost the same position as to latitude that Egypt does, is less warm and of very much greater humidity. The annual rainfall of Cairo, in Lower Egypt, is not over one and one-half inches. Almost never is there fog, and the dew is not troublesome anywhere in the land. Those who know tell us that increasing cultivation of the soil in Egypt is modifying the climate as to dryness and stability of temperature, but one doubts whether this will for a long time cause any material difference. As for the winds before mentioned, he who goes up the Nile in a sail-boat soon recognizes them as his best friend, and they at no season present a real problem. An occasional sand-storm adds variety, but no great misery if one stays indoors during its progress. The air of Egypt is always invigorating, and that of desert regions stimulates one as nothing short of champagne or residence on a mountain top can do.

It is said that all classes of disease do well in Egypt, except when so far advanced that the exertion of travel is hurtful. The various forms of nervous exhaustion and their accompanying digestive disturbances, chest, throat, and nasal troubles, rheumatism in its different manifestations, heart weakness, and nephritis are especially benefited by a winter—from October to April—in Egypt; and, to quote from a well-known Cairo physician, also “the very large class of people without organic disease who shrivel up sadly in a cold climate, and expand joyously in a sunny atmosphere where they are not perpetually reminded of their sensitiveness to cold or to taking cold.”

The difficulty of getting to Egypt is not great, even from America, and Cairo is only four days by comfortable steamer from Naples to Port Said or Alexandria, the train journey being shorter from the latter port. Objections to the expense of living in Egypt there may be, but this is less than is popularly supposed, and decreases with competition and with time.

However, the thing to do in Egypt for the invalid who is not con-

finned to bed and who has a party of from four to ten and can afford the cost of so luxurious a mode of travel is to take a dahabeah and sail from Cairo to Assouan on the Nile. Egypt, "the gift of the Nile," from any point of view or any physical locality, is a fascinating country, whose present interest almost or quite equals its past glory, and he who would know it truly must get at it intimately, from contact with its people and long contemplation of its landscape and its ruins, with much study of its history. Once launched upon the career of amateur Egyptologist, there is no hypochondriac in the world who would not forget his ailments and be happy. Not many of us have the enthusiasm requisite for living in tombs or amongst the fellahin, but from the deck of a dahabeah, sailing slowly along or stopping by the way when winds fail, the people and their habits, their boats and their villages, come to be of absorbing interest. Then come the days when there are excursions to ancient tombs or temples, when the crowd of donkeys and donkey-boys appears, and there is mounting and riding off in the midst of growing crops, through yellow desert sands, to study architecture, gods, and hieroglyphics, and to wonder at a nation which five thousand years before the Christian era, perhaps, was at a point of civilization excelled by ourselves at the present day in little else than the ability to cross an ocean to stand before their monuments. It is good for our American superiority to realize such things now and then.

For the invalid who objects to donkey-riding, or who is really not strong enough to mount one of the delightful little beasts, there are sedan-chairs in which to be borne by men or donkeys, and sand-carts are sometimes available; and there are, fortunately, a few temples quite near the river's edge which may be inspected with but little trouble or exertion. As to the comfort and luxury of dahabeah life, there can be but one voice,—an approving one,—and no mode of existence so annihilates time as this does, or offers so great but tranquil variety to one's days. But in the happiness of deck-life it should not be forgotten to go ashore every day for exercise. Probably the safer plan in securing a dahabeah is to put one's self into the hands of one of the well-known European tourist companies of Cairo, which will arrange all details of equipment and crew and take all responsibilities for the voyage, providing servants and a cuisine equal to that of the best hotels—or better, in its individuality and the possibilities of personal ordering, which, however, need not be undertaken unless one so desires. Fresh meat, poultry, and pigeons, and delicious fruit and vegetables are nearly always easily accessible along the Nile, and a taste for buffalo milk is not difficult of acquirement and is very useful where cows do not happen to be found, as sometimes will occur. It is quite possible to find

in Cairo a native dragoman who is thoroughly capable of conducting a party by dahabeah independently of a tourist company, and who can outfit and manage the boat with entire satisfaction. It is an advantage to select a man who can read English and who knows something of hieroglyphics.

The prospective Egyptian traveller does not need to take up the literature relating to the land beyond a few books of general information until he is in the country, but he should bring with him or get in Cairo as complete a library as he can afford of books dealing with Egypt, old and new, to be read diligently on the way up the river and again on the way back to Cairo. A hundred volumes will contain a wealth of information.

The ascent of the Nile by dahabeah, over the six hundred miles from Cairo to Assouan, may occupy anywhere from two weeks to two months, according to the winds, and the descent about three weeks. People who are willing to sacrifice the pleasure of sailing may take a steam-tug for a part or the whole of the distance, obtaining speed if nothing else. A popular method of "doing" the Nile, and useful to those whose time is really limited, is to take the excursion by three- or by four-weeks' tourist steamers to Assouan and return, but for invalids, except as a means of transit, these steamers are to be avoided. It would play havoc with the health of even a strong person to make all the excursions ashore contemplated by the steamer's itinerary. One may also go by train, and stop either from steamer or train at Luxor or Assouan, or go on from Assouan by steamer a still farther distance up the Nile. The tourist companies offer also private steamers for the Nile trip, but life in contiguity with a steam engine is not beneficial to an invalid, in the writer's opinion.

The towns of Luxor and Assouan possess excellent hotels, and are in the midst of interesting ruins which tempt the invalid to get well and explore them. Besides these places there is Helouan-les-Bains, whose waters are especially valuable to rheumatic subjects, located a few hours out of Cairo on the edge of the desert; near the Pyramids there is the Mena House, where the air is excellent and where patients do well. The Gezireh Palace Hotel is also well known. In fact, there is in Egypt an excellent and varied choice of localities and of modes of living. A long stay in Cairo, attractive as that city is, is not to be recommended, on account of the dust and the noise and the temptation to over-exertion induced by fashionable life.

At all the places named there are to be found good physicians, and the steamers have physicians on board, who will, if necessary, visit the dahabeahs. In Cairo there is a hospital with English nurses.

As to the outfit for an Egyptian winter, bring all the varieties of clothing you possess, and make up your mind that you will not object to changing your garments to suit the temperature. With thin flannels or none for warm days, and heavy ones for cold, and plenty of rugs and wraps at hand, a dahabeah winter on the Nile need never be anything but a season of comfort; and those people who at home in America spend half the winter with various ailments, the result of cold, suffer no inconvenience. On the Nile, for general wear, light flannel dresses are the most suitable; the much lauded khaki is valuable only as a dust-proof garment. A veil is necessary for shore wear, and smoked glasses, or those of wire gauze, are good protection for the eyes.

Medicines should be selected to suit the patient, with disinfectants, and a stock of simple remedies to give away to sailors and servants and to natives, who take kindly to drugs dispensed by the traveller, rebel as they may against going to a hospital when ill. It is very amusing, the number of small woes a boat's crew can produce, and a cough, an infected finger, a cut, or a bruise is always promptly reported and always responds to treatment, bringing forth the grateful thanks of the afflicted. In its present-day simple inhabitants lies one great charm of Egypt. They repay any amount of study, and in them open up qualities and capabilities undreamed of before one came in contact with them. The whole land of Egypt, river, desert, field, and mountain, in common with its people and its past, possesses an insidious and permanent charm, not possible to realize until one is on the spot, and which it is impossible to escape from forever afterwards.

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## THE MODERN HOSPITAL: ITS VALUE TO THE PATIENT AND TO THE PHYSICIAN

By EDWARD B. ANGELL, M.D.

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IN 1876 Sir Joseph Lister read a paper on the subject of "Surgical Antisepsis" before the International Congress of Physicians and Surgeons at Philadelphia. Much criticised and even condemned by some of the surgeons of America in the discussion which followed, this paper marks the boundary-line between the hospital system of the past and that of the present. Following closely upon the teaching of the germ theory of disease, the introduction of asepsis marked the beginning of a great change in the systematic management of hospital service. Not many of us are so young as not to remember the old-time hospital, with

its incapable nursing, its lack of that absolute cleanliness now regarded so essential, its highest aim serving rather for the care and cure of serious injuries or maladies than for the heroic treatment by the knife of supposedly incurable diseases. All of this has now been changed. The hospital that gives adequate service is a very complex institution. With the development of the principle of surgical asepsis, a new condition of things was absolutely demanded. In place of the self-trained helpers in the ward, a well-trained nurse, young, neat, and intelligent, was required to enable the surgeon to secure not only the best results, but to prevent inexcusable mishaps; hence resulted the establishment of the nurse training-schools in all of our large hospitals. Further, the plain operating-room, furnished only with hot and cold water and soap for asepsis, proved inadequate to the demands of modern surgery, and the well-appointed surgical pavilion, with necessary apparatus for proper sterilization of instruments, dressings, etc., has been required. The introduction of asepsis into surgery has greatly extended its field. Operations scarce dreamed of twenty-five years ago are commonly proposed and successfully done. The abdomen has been invaded, nearly every organ successfully treated or removed, while the brain cavity has often furnished the ground for successful operative work, and the heart itself has not escaped the surgeon's skill. All this has been made possible through the evolution of the hospital and the hospital service. The modern hospital, then, not only affords subsistence and care for the patients within its protection, but it must furnish a service adequate to supply the demands of the most daring operator. As a result, a systematic organization has grown up, the general rules of which must apply in every case where a hospital would offer the highest quality of care. For the sake of simplicity, the organization of a hospital may be divided into the matters of subsistence and service,—subsistence having to do merely with the food supply, the service with all that which pertains to the welfare and comfort of the patient. It is in this latter direction especially that the modern hospital is far in advance of the one of generations ago.

So complex have become the demands of the training-school, the surgical service, the ambulance service, the question of food supply, the attention to all details, that a single head is absolutely indispensable for a successful maintenance. The superintendent, responsible on the one hand to the Board of Managers for economy of administration, on the other to the physicians and surgeons for maintaining the best possible service, necessarily bears the great burden of administration and must have executive qualities of a high order. The control of the superintendent in all departments to be efficient must be absolute. Under the

superintendent in the larger and better managed hospitals are usually one or more assistant superintendents, a night superintendent, head nurses, nurses in active training, with all the service necessary for the domestic management of the household, consisting of housekeeper, cooks, waitresses, and maids. In addition there must be a clerk, a pharmacist, orderlies, elevator-boy, and hall-boys; the ambulance service must be efficient and constantly ready. The laundry, formerly rarely necessary, is now an important adjunct in every well-regulated hospital. Every hospital must have special facilities for steam-heating and steam-sterilizing, while many develop their own electric light by a special plant. All these in addition to the usual house officers or internes, consisting of two or more physicians and two or more surgeons. What a vast change from the old days, when the wards were served by three or four more or less decrepit old women, when there was no operating-pavilion, the only facilities consisting of a square room, an ordinary table in the centre with hot and cold water at most, and a case for the unsterilized instruments along the wall.

The greatly increased service, then, characterizes the hospital of the present day. This, however, did not come without great increase in expense. Where formerly four nurses answered for fifty patients, the service has become so amplified that in all our modern hospitals no nurse has more than three patients as an average to care for.

In the BOSTON CITY HOSPITAL, one of the best types of a modern hospital, the patients for 1900 averaged four hundred and fifty-four daily; the paid employees numbered three hundred and forty-nine, of whom one hundred and forty-three were nurses, giving each nurse on an average three patients.

At JOHNS HOPKINS HOSPITAL in 1899 the daily average of patients was two hundred and sixty-three; the nursing staff eighty-nine, or one nurse for every three patients.

In the PRESBYTERIAN HOSPITAL in New York in 1900 the daily average of patients was one hundred and ninety-five; the nursing staff eighty-five, or nearly one nurse to every two patients.

In the MASSACHUSETTS GENERAL the daily average number of patients during the year 1899 was two hundred and sixty-one; the total number of employees two hundred and forty, while the nursing staff numbered fifty-three, or one nurse to nearly five patients.

In the ROOSEVELT HOSPITAL in New York during 1899 the daily average number of patients was one hundred and seventy; the total number of employees two hundred, of whom eighty were nurses, or one nurse to two patients.

In our own CITY HOSPITAL the daily average for the past year has

been eighty-six patients; the nursing staff forty-five, a proportion of more than one nurse for every two patients.

Can one wonder, then, at the growing cost of hospital care? Let me give a few statistics for comparison:

In the BOSTON CITY HOSPITAL for 1900 the average cost of maintenance per patient was twelve dollars and thirty-nine cents per week, of which two dollars and fifty-one cents was for food and nine dollars and eighty-eight cents for service.

In the PRESBYTERIAN HOSPITAL, above mentioned, the cost of maintenance per week was seventeen dollars and eight cents, of which two dollars and thirty-one cents was for food and the balance, fourteen dollars and seventy-seven cents, for service.

In the UNIVERSITY HOSPITAL of Philadelphia the cost of maintenance per patient per week was twelve dollars and ninety-seven cents, of which two dollars and thirty-four cents was for food and ten dollars and sixty-three cents for service.

In the MASSACHUSETTS GENERAL in 1899 the cost of maintenance per patient per week was thirteen dollars and seventy-four cents, of which but two dollars and three cents was for food, leaving eleven dollars and seventy-one cents as the weekly cost of service per patient.

In the ROOSEVELT HOSPITAL the cost per week per patient was fourteen dollars and twenty-two cents in 1899, of which but two dollars and forty-six cents was for food.

In the ROCHESTER CITY HOSPITAL for the past year the cost of maintenance was eleven dollars and thirty-four cents per patient per week, of which one dollar and forty cents was for food and nine dollars and ninety-four cents for service. Of this last two dollars and thirty-one cents was for expense of maintaining plant. During the last year in the Rochester City Hospital the average daily number of patients was eighty-six; the number of employees during that same period was ninety. Nothing more conclusively shows the increase in the attention given by our modern hospital to the care and cure of the sick and injured. In the old days the average cost of maintenance per patient per week was from four to five dollars, possibly less; and this large increase in cost represents the demands made upon the hospital through modern methods. As will be seen by these comparative figures, the character of the service given by the Rochester City Hospital is excelled by that of no hospital in the land, and this at a cost which averages less than that in other and larger institutions.

The increased cost of hospital care admittedly has greatly lessened the mortality rate, especially in surgical work. But that boon, while warranting such expenditure, is not the only gain. So greatly has the effi-

ciency of hospital care increased that the average length of stay required for each patient has been greatly reduced.

In 1855 in the Massachusetts General Hospital the average length of stay of free patients was eighty-one days, in 1899 twenty days; thus showing that efficiency has been increased four-fold,—a sound financial argument in favor of highest efficiency, to say nothing of the suffering and anxiety spared sick humanity.

I have referred above to the primitive arrangements for surgical operations. The maintenance of the surgical pavilion, ready for instant use, is of itself an important but expensive item in the hospital service. Our own City Hospital, through the generosity of one member of its staff, possesses such a pavilion of the highest type of usefulness, but its cost to date has been nearly fifteen thousand dollars, and again shows to what extent demands of modern surgery influence the expenditure of money. This surgical pavilion, in charge of a paid nurse, is ready for use at any moment, with light, warmth, and steam for sterilization and all but inexhaustible in its resources for anæsthetics, instruments, and dressings. Let me give you an illustration of the requirements met with in two recent operations: one, an operation on a ward patient, may be regarded as economical, and yet this is the list of materials used:

Sheets .....	7	
Gowns .....	11	
Hand towels .....	14	
Surgical towels .....	40	
Gauze for sponges and other purposes .....	8½ yards.	
Laparotomy dressings, consisting of:		
Gauze .....	2	"
Absorbent cotton .....	1¼	"
Laparotomy flannel .....	1¼	"
Safety-pins .....	10	
Adhesive strap .....	27 by 3 inches.	
Green soap .....	8 ounces.	
Chloroform .....	2	"
Ether .....	1 pound.	
Lime .....	12 ounces.	
Soda .....	6	"
Scrubbing-brushes .....	5	"

At another operation, somewhat more generous in its proportions, the following was the list of materials used:

Sheets .....	9	
Gowns .....	16	
Surgical towels .....	100	
Gauze for sponges, etc. ....	42 yards.	

## Vaginal and laparotomy dressings, consisting of:

Gauze .....	5 yards.
Absorbent cotton.....	$\frac{1}{4}$ yard.
Laparotomy flannel.....	$1\frac{1}{4}$ yards.
Safety-pins .....	15
Adhesive straps.....	

All these in addition to the service of three nurses, two doctors, one orderly, with heat, light, and the necessary laundering. The absolute cost of the material used in an operation is not a small item. For two months of the past year the average cost per operator in the surgical pavilion for drugs was one dollar and thirty-six cents; for dressings, fifty-one cents, or a total cost of one dollar and eighty-seven cents for each operation. The cost of service, of course, is not included in this. Up to last year it was the custom for the hospital to charge ten dollars for the use of the surgical pavilion for each operation. The income from this source in 1898 was two thousand one hundred and five dollars. At the beginning of 1899, at the request of the staff, this charge was removed, and the total income from the surgical pavilion fell to two hundred and eighty-nine dollars and fifty cents,—a cause of material loss to the hospital management.

Now a glance at the house service. In addition to the nurses, the staff of the hospital requires the services of thirty-eight people. Five graduate nurses are employed on a salary in charge of different departments,—one in the children's pavilion, one in the male ward, one in the female ward, one for private patients, and one in the surgical pavilion. By reason of this supervision, a decided improvement upon the old method, every patient is always under the immediate oversight of a trained nurse of experience.

The nursing staff at the present time consists of thirty-nine nurses in addition to the assistant superintendent, a night superintendent, two orderlies, and a night man. These pupil nurses, in the training-school, in addition to caring for the patients under their charge, are required to pursue a thorough course of instruction to fit them for the practical work of their profession. Their duties require them to be on service twelve hours of the twenty-four, from seven o'clock in the morning until seven o'clock in the evening, or the reverse, with the privilege of two hours off each day and one afternoon each week. Constantly, throughout the year, lectures are given by a member of the staff to the nurses in training, two each week, which they are required to attend unless prevented by some insurmountable obstacle. Upon the thoroughness and efficiency of their training and experience depends the quality of service which we, as physicians, get from them in our daily work. Import-

tant is it, therefore, that nothing be wanting to make that training thoroughly efficient.

THE ROCHESTER CITY HOSPITAL is organized into the following departments:

General wards at.....	\$7.00 per week.
Private wards at.....	8.00 " "
Special private rooms at.....	10.00 " "
Private rooms, proper .....	\$16.00 to 25.00 " "

The general wards are under the care solely of the visiting staff. The private wards, however, can be utilized by any physician in good standing for the care of his patient. The food-supply and the service rendered are supposed to be identical to that furnished in the general ward. At the increase in cost of but one dollar a week, a patient, if so desiring it, may be attended by her own physician, irrespective of his being associated or not with the hospital staff. To meet the requirements of those who desire the privacy of a room and yet who cannot well afford the luxury of more expensive quarters, special private rooms have been provided at the very moderate rate of ten dollars per week. The service and food-supply in these rooms are also supposed to be on a par with that furnished in the general ward, the privacy of a room being regarded as an equivalent for the slight increase in charge. It was not intended that patients able to pay a higher rate should avail themselves of this service. For that class of patients private rooms proper cost from sixteen to twenty-five dollars per week. The occupants of these rooms are properly allowed a more liberal supply in service and food. It has been shown that the average cost for maintenance per patient per week in the hospital was eleven dollars and thirty-four cents,—not a very large margin of profit for the hospital when the patient pays but ten dollars in a private room. As an instance of how easy cost of maintenance may be increased, let me cite you a recent example of a patient in one of the ten-dollar rooms whose food and medicine alone actually cost eight dollars and twenty-five cents, leaving but one dollar and seventy-five cents for heat, light, and service, as well as for the board of an outside nurse who was caring for her. As a further illustration of the cost of care in some cases, let me cite two recent cases placed in the private ward under the care of a physician not on the regular staff, to whom was furnished freely everything needed for their proper care. These two cases resulted from serious burns and paid the regular private ward price of eight dollars per week, or one dollar and fifteen cents each per day. The physician in attendance upon his first visit properly ordered the house surgeon to do the dressings. This required six and one-half hours of the surgeon's time in these two cases, and the ointment prescribed cost the hospital *one dollar* per day per patient. The day follow-

ing the physician very properly modified the ointment and arranged to have one special nurse, day and night, between the two cases, thus relieving the house surgeon from the expenditure of so much time. In these cases the average daily cost for the first four days for each patient, for material, ointment, and drugs, was eighty-eight cents, leaving for the hospital twenty-seven cents for board and such service as was required.

A modern hospital, then, is a very complex institution, requiring in its management economy on the one hand, to satisfy the Board of Trustees, and yet on the other the widest generosity in furnishing service essential to every need. The superintendent stands between the trustees on the one side, clamoring constantly for more and more economy in management, and the physicians on the other, constantly on the alert for the outlay of money in new directions which promise quicker and surer relief to their patients. The instruments must be kept in order, the sterilizing plant ready for instant use, the linen supply must be inexhaustible, the purchasing department run economically, the work of the nurses so timed that the physicians will find everything in readiness for their visits, all the domestic arrangements of a vast housekeeping carefully supervised, a corps of young women nurses personally watched and guarded, the petty squabbles in the service controlled, the requirements of the visiting physicians courteously met, and the numberless questions of anxious visitors generously satisfied. Furthermore, it is the boast of every modern hospital to be able to provide for everything that is needed without delay. No shortage in towels, linen, instruments, drugs, anæsthetics, or service can be tolerated. Equally necessary is it to be able to meet the demands for special nurses. And as an illustration of the capacity of our Rochester City Hospital in that direction, I would remark that at one time nineteen patients in the private rooms in the mansard were receiving the undivided attentions of eighteen nurses, two of whom only were "specials" from outside the hospital training-school. Again, not long ago, in the west hall of the hospital fourteen physicians were visiting at the same time among fifteen patients, requiring the attention of the nurses in charge. At another time recently I was told by the nurse in charge of the private wards and private rooms that she received orders from eighteen different physicians in one day. What better can illustrate the stress placed upon hospital service by the demands of the physician and surgeon of to-day?

How, then, can we estimate the value of the modern hospital to the public? The facilities furnished are of such a nature as to make them impossible even in the most luxurious home. To insure the same safety in surgical operations, think of the cost and of the impossibility of getting such generous assistance. For the medical patient the hospital, with

its quiet, its facilities, its freedom from home cares and disturbing friends, is often of the utmost importance to recovery. Service such as is given by our best hospitals can be secured under no other conditions with equal success. Service must then necessarily stand first in importance. Patients ought to realize that an efficient service counts more for recovery than a mere matter of more tempting food, if the quality of the food so far as nutrition and sustenance is concerned is sufficient. The highest possible service in any given hospital should merit the commendation of the public, rather than the variety and tempting quality of the food-supply.

That such service in the care of surgical and medical cases is being appreciated is well illustrated by the growing use of the hospital by physicians not directly associated with the hospital as staff attendants. For the past six years the statistics of the City Hospital show that each year an increasing number of our medical men are availing themselves of hospital care for their patients. During the past year seventy-five physicians—not members of the hospital staff—treated their patients in the City Hospital.

What, furthermore, is the value of the modern hospital to the general physician? As an interne, he secures the best part of his education in the practical treatment of disease; in the out-patient department, he continues his acquaintance with disease and its various manifestations; as a staff physician, he acquires by experience that definite knowledge of morbid conditions which marks one as a good consultant. Always the young physician has the opportunity of witnessing operations through the courtesy of the surgical staff. The training-school, furnishing, as it does through its graduates, the greatest assistance ever evolved for the physician, directly benefits the professional career of every medical man. Doubtless a well-equipped nurse does as much to build up the reputation of the physician as any other of all his armamentarium. We owe it to them, to our own selves, and to our professional position to do everything that will aid in the training of these nurses.

The Rochester hospitals occupy a unique position in allowing any surgeon a free use of the operating-pavilion. In all the larger cities the important hospitals only permit their staff surgeons to operate in the operating-room, thus requiring all cases referred to the hospital to be operated on by some member of its staff. In Rochester it is possible for any surgeon or physician to take the care of his patient personally through an operation or through any illness requiring hospital care. In all serious cases the cost of hospital treatment compared with home treatment is very much reduced, and it is thus possible for a physician often to secure a satisfactory fee when otherwise the cost of caring for his case

would leave little for him. It is not too much, then, for a hospital to expect that every physician will treat it fairly. If the patient is able to pay a large fee for an operation, he must at least be quite as able to pay for the service of a full private room. I am told by some of the trustees that in some instances the privilege of the low-priced rooms has been abused in the past, and that a patient supposedly too poor to pay for a more expensive room has been charged a fee of from one hundred and fifty to two hundred and fifty dollars by the operating surgeon. This is manifestly unfair, inasmuch as the service of that room is not met by the charge of ten dollars per week. The adoption of a rule requiring that patients occupying the low-priced rooms be charged a correspondingly moderate fee has been suggested to meet this condition. Furthermore, one peculiar way in which the hospital serves the physician is that it has to bear the blame for untoward results. Many times has the hospital been condemned when the physician or surgeon in charge should bear the blame for an unhappy result. The modern hospital, then, deserves constant hearty support of the public for the quality and character of the service rendered. There should be, however, the clearest discrimination in the real value of hospital treatment: it is the service, not the food, which counts and costs.

The hospital service should then be used to its uttermost for a noble end, that contemplated by its charter—the curing of disease and the preservation of human life; not from the sordid desire on the part of the physician to get as large a fee as possible at its expense.

Only through the recognition of the fact that efficient hospital care is expensive in proportion to the character of the service rendered can a just estimation be reached regarding the cost of maintenance. Hospitals need fair treatment from those who most benefit by them,—the patients who receive the care, the physicians who reap the reward.



# PRACTICAL POINTS ON PRIVATE NURSING

IN CHARGE OF  
ISABEL MCISAAC



## MASSAGE FOR CONSTIPATION

By KATE W. WILLIAMS  
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CONSTIPATION is one of the ills from which no small proportion of mankind suffers, and any therapeutic measure which will mitigate or cure it is not to be lightly considered.

Cathartics are quickly resorted to by the laity without knowledge as to their general fitness. Surely all nurses would wish a discontinuance of the old plaint, "My bowels never move unless I take medicine."

Of course, not all cases of constipation are amenable to massage treatment, and in some cases it is positively contraindicated. A nurse is not a diagnostician, and she must therefore trust to the wisdom of a physician as to the desirability of employing it at all.

When there is considerable fecal impaction it is better to give one or more colonic flushings with normal-salt solution in addition to the massage. Kleen reports excellent results from ventral kneading (circular frictions) alone. Some authors give a greater variety of manipulations, to which they also add some of the Swedish movements.

The majority of patients upon whom the nurse is called to operate are nervous women, and to effect a cure it is often necessary to proceed with great caution and adapt the treatment to each individual case. Usually atony of the stomach and a torpid liver are concomitants of the constipation.

It is important that the patient relax completely during treatment; for this reason she is told to open her mouth and breathe freely; otherwise the viscera cannot be reached.

Rheumatic infiltrations of the muscles of the abdominal wall must necessarily be removed before any thorough kneading of the viscera is attempted. This can best be done by frictions executed in the direction of the muscle fibre.

Have patient lie on her back with her head slightly elevated, knees flexed, and thighs slightly abducted. A pillow may be placed beneath her knees. If the bed is not too high, the nurse may occupy a chair placed

at the patient's right. If there is much inflammation or abdominal tenderness, use gentle vibrations till it decreases or disappears.

With the volar side of the three middle fingers exert firm pressure and execute short circular frictions, "making the skin follow the excursions of the fingers," over the stomach from the fundus to the pylorus. Follow this with vibrations in the same direction.

Place left hand over liver and right hand over spleen, and execute a to-and-fro movement. Knead colon thoroughly over its whole extent with circular frictions, beginning at the cæcum. With the hand laid flat upon the abdomen, stimulate peristalsis by a rotary motion.

With fingers half bent, reach under the ribs in the region of the liver and give a vibratory lifting, beginning light and increasing in vigor; or put patient on her left side with her arms straight ahead of her and a pillow between them and knees flexed.

Place your left hand or forearm on patient's right scapula and right arm just above the crest of the ilium and execute a vigorous to-and-fro movement of the patient's trunk, moving your hands in opposite directions. Follow this with vigorous vibration, kneading, friction, hacking, and clapping.

Sittings should be had daily, and the length of time for each sitting will have to be determined by the discretion of the nurse. Ten to thirty minutes is quite enough for the whole procedure.

Treatments should be given very lightly or discontinued altogether during menstruation. They should not be given immediately after a full meal; two or three hours should elapse.

In some instances chronic constipation of several years' standing may be cured by friction alone as recommended by Kleen; in others it will be necessary to employ all the manipulations mentioned above.

Some patients, particularly very nervous ones, make better recoveries where the abdominal massage is combined with general treatments.

It is not wise to promise recovery at a specified time. Some patients show marked improvement in two or three weeks, while others require months. Some are so weak at the beginning of treatments that only very light massage and short sittings are possible. Others have considerable abdominal tenderness or rheumatic infiltrations of the abdominal muscles, which must be removed before any kneading of the viscera can be attempted. Very nervous women will sometimes insist that they are too weak and delicate to have vigorous treatment. It is occasionally impossible to get the patient to relax at all. In these latter cases the nurse can do very little, and recovery should not be promised.

In some of the above cases the nurse can accomplish a good deal if she will proceed very cautiously and manage to get the patient's confidence.

Chronic cases require many more treatments than acute ones. Naturally, when only very mild treatments can be given more time must elapse before recovery. Cheerful, reasonable patients usually recover more rapidly than morbid ones.

Treatment should not be discontinued as soon as normal defecation is established, though while sittings should still be had regularly for a while, they need not occur daily. Two or three times a week will suffice. On discontinuance instruct the patient on the necessity of going to stool regularly and on the importance of having a few treatments whenever any recurrence of the malady takes place.

The prognosis is less favorable in fatty subjects, owing to the thickness of the abdominal walls and consequent inability to reach the viscera through them.

It is neither necessary nor wise to cause the patient much pain. If rightly performed, considerable pressure may be used without producing any discomfort.

No lubricant is necessary.

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## A WORD TO THE MOTHERS OF DEAF CHILDREN

EVERY mother of a deaf child wishes that child to speak and understand the speech of others, and there is no adequate reason why this wish should not be gratified.

No deaf child will ever learn to speak or understand speech by its own unaided efforts. To attain the highest possible excellence, the training should begin very early. It is necessary, therefore, that the mother should learn the condition of her child's hearing at as early an age as possible. I have met frequent instances where the age of four years was reached before the parents discovered the deafness, or at least were willing to acknowledge that the child needed special attention. It is a great mistake to delay a careful investigation, for the sooner the defect is known the more likelihood there is of being able to remedy it. Every mother should carefully observe her child between the ages of six and eighteen months, with a view to determining whether all the senses have a normal degree of perfection. If she then suspects that hearing is not acute, she should at once consult both an aurist and a competent oral educator of the deaf. If the aurist cannot do anything, the educator can often do much, and can always offer suggestions which will supplement the work of the aurist.

To determine the true situation with regard to the hearing of a child less than two years of age is not the simple matter it might easily

appear to be. To reach a thoroughly trustworthy decision in such a case requires considerable experience and some ingenuity. The simple tests of calling or clapping the hands when the child is not looking are often misleading. A child with acute hearing will frequently take no notice of these sounds if its attention chances to be otherwise engaged, and I have several times seen a totally deaf child turn upon such an occasion either as a coincidence or from perceiving vibration, to which they are often surprisingly sensitive. There are also several mental defects that simulate deafness very closely, but, of course, require entirely different treatment.

If a mother wishes her deaf child to be as little unlike other children as possible, she must have him taught by the best pure oral methods, avoiding all forms of manual instruction, and she should have the final goal in view from a very early day.—JOHN D. WRIGHT, *The Nursery*.

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### THE EXERCISE OF INGENUITY

To remove a ground-glass stopper from a bottle, put a piece of cord around the neck of the bottle once and pull the cord quickly from side to side. The bottle will become heated and expand slightly, when the stopper may be easily removed.

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During the period of illness, a chamber in which a patient is confined should be freely ventilated, so that its atmosphere is constantly changing and replacing the closeness, so universally prevalent during a course of fever, by fresh, pure air,—a comfort to the patient and a protection to all others. How this is to be done depends much upon the ingenuity of the nurse. Many sick people are afraid of “fresh air” and have to be urged to take it, much as if it were medicine, but something can be done towards convincing them by always speaking of it as “clean air.” This term will often appeal to the patient when that of “fresh air” utterly fails. This air must find entrance to the sick-room in some manner; it may be done by windows, transoms, doors, ventilating flues, etc. Any nurse will be unworthy her title if she fail in this particular, even though circumstances caused by the construction of the building are not in her favor.

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The ingenious contrivances which the private-duty nurse evolves are often quite as amusing as useful. One very successful nurse called to a patient with eclampsia, living in a farm-house, faced an order to

"give the patient a sweat." Moist heat sounds easy, but how? no rubber sheets, patient too ill to sit up in a chair, no alcohol lamp to give vapor bath, no bricks to heat in an oven and put around her—nothing but patient, bed, and blankets. Finally the nurse, after visiting the kitchen for inspiration, went out to the barn, and there she saw a crib full of corn, and at once had a bright idea. She filled the wash-boiler half full of water, adding thirty or forty ears of the field corn. When it was boiling she put a double blanket under the patient, a single blanket over her, and then put the steaming ears of corn at the sides, covered all with more blankets, gave the patient a hot drink and a cold compress to her head, and the sweat was a wonderful success.

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For wakeful, restless patients not suffering from pain a nurse may do much to induce sleep without drugs.

First, a sponge-bath, change of bed and body linen, brushing hair, thorough ventilation, a hot drink with cracker or bit of bread, and, last, turning patient on the side, pulling up gown or night shirt to expose back and shoulders, and sponging spine its whole length with hot water, long, even, downward strokes for fifteen or twenty minutes. A large sea-sponge is best, as it wrings easily. Have plenty of hot water that it may be renewed, and when through let the patient be alone until he falls asleep. All of this may be for nought if the nurse be one of the heedless, awkward sisters who forgets that she has many little things to do afterwards and thus disturbs the patient with footsteps and moving about the room.



# EDUCATIONAL

IN CHARGE OF  
ISABEL HAMPTON ROBB



## THE TEACHING OF MASSAGE TO PUPILS IN HOSPITAL TRAINING-SCHOOLS

By HELEN CONKLING BARTLETT

Instructor in Massage Johns Hopkins Hospital Training-School for Nurses and Graduate of the Training-School

FOR the best understanding of the subject before us, *i.e.*, to what extent and how shall nurses be taught massage? there is first desirable an introductory consideration of the general province of mechano-therapy,—the science of which massage is a part and of which it is popularly often a synonym,—together with something of the training of specialists in this work.

Mechano-therapy, in exact definition massage and medical gymnastics, is a method of healing existent in some form during all history. In approximately the last decade it has undergone radical revision, and through a perhaps exceptionally slow evolution has reached a definite status. It is, in brief, a department of the science of medicine, circumscribed, indeed, but of distinct and acknowledged value. The practice of mechano-therapy, no longer, as in earlier struggles for recognition, performed of necessity by the physician himself, is controlled now by him, but assigned to an assistant.

There continues, of course, much general ignorance and distrust of a therapeutic measure for long almost given over to quackery, and the present work, certainly in America, of both teachers and practitioners, is in many ways still that of the pioneer.

In broad classification there are three systems or schools of mechano-therapy,—Swedish, German, and American. These schools, whatever their inherent minor differences or the diversity of opinion which may be held as to their relative merits, are agreed as to certain necessary qualifications for specialists, without which proficiency is not deemed possible. These are, first, a good touch in massage, *i.e.*, a touch perceptive and efficacious as well as agreeable; second, sufficient theoretical knowledge to detect abnormal conditions and to distinguish between serious and less serious symptoms; and, third, essential alike for normal changes and

for the emergencies of practice, an infinite fund of resources which can only be the result of individual experience. The shortest length of time in which it is possible to reach this standard and to establish a firm foundation in anatomy and kindred subjects is one year of concentrated effort. The importance of this is made greater by the necessity of gaining experience under supervision. Where the training is shorter, much must be left to post-graduate and consequently to optional development. Where it is longer, upon the other hand, it will be found that the curriculum is usually lengthened also, and by branches not strictly imperative, such as an extended course in physical culture, etc.

In returning now to our special subject, the teaching of massage to pupils in hospital training-schools, it should be evident that the course of instruction as above described must be here to a considerable degree curtailed. The two professions, massage and nursing, are parts of a single purpose,—the care of the sick,—but it cannot too forcibly be emphasized that each is a distinct specialty. The points at which they touch, and in which it is important for the nurse to be as carefully trained as in other details of her work, will be later named, but as specialties it is both impracticable and undesirable to attempt to include the one within the other. The duties of each are physically too exacting to combine in practice. The knowledge of anatomy required is more extensive than that necessary for the nurse, and both continuous and concentrated effort are essential to retain as well as to acquire a skilful touch in massage.

A forcible statement of such facts as the above is necessary, for the reason that it is still by no means uncommon to find the practice of massage as a specialty undertaken by nurses upon the insufficient basis of an abridged course of instruction designed for a totally different object. The danger of half-knowledge, always a matter of serious moment, has raised in some minds a strong opposition to other than purely theoretical teaching in massage to pupil nurses, *i.e.*, a series of lectures with demonstration, but strictly without class practice. This method must be objected to because of the many instances in which massage, or, if so designated, *rubbing*, is already distinctly one of a nurse's duties. To make this rubbing an intelligent process, in some degree to extend its scope, and to teach economy of effort is clearly of great importance. This is the object designed in the following suggested course of training. Such a course, it is believed, if its exact province is first firmly established in the minds of the pupil, will occasion none of the difficulties which have been named.

It is, however, by no means easy to define just where the distinction must be placed between the massage of nurse and of specialist. Possibly the most definite rule is to restrict the former to routine work, *i.e.*,

to treatment that has not from time to time to be variously amended, or, in complicated cases, to such treatment as may intervene between the visits of the specialist, and may therefore be supervised and regulated as needed.

As the best safeguard against the ill-effects of partial instruction, it is urged that a broad theoretical stamp be given to the curriculum used, in order to create an appreciation of the whole subject, despite the fact that only the rudiments can be mastered.

The necessary condensation for this purpose is obviously difficult, but in lieu of a text-book at once comprehensive and not too advanced for beginners, much can be done by a careful dictation of essential data, namely, definitions, classification, physiological effects, therapeutic uses and contraindications, while for the rest an outline should be made, of which cursory notes are to be taken and enlarged from memory. Occasional class papers are strongly recommended, as making tangible both the difficulties and the mental grasp of the pupils and as enabling the instructor to meet her class most individually.

Concerning the curriculum from its practical stand-point, there must be also the full scope of work set forth prominently, but more especially it is important that a little be given thoroughly, viz., the groundwork of the fundamental manipulations common to all schools, while development is concentrated along the lines of nursing, *i.e.*, upon the stroking movements, of which all should be given, and upon the simpler and more adaptable manipulations of kneading. There is further necessary some use of passive and resistive exercises, and, from the first, practice in percussion as an aid to suppleness.

In regard to the length of this course of training and its several details, it is first important to secure small classes, or to divide a class into sections, that each nurse may the better receive individual attention. These sections should consist preferably of not more than from ten to twelve pupils, and are, of course, more satisfactorily handled if smaller. To each section from twelve to fifteen lectures or class demonstrations of one hour constitute, it is believed, the best average period to be emphasized, the full course covering approximately from six to eight weeks. A longer course should hardly be necessary if the details of instruction are carefully systematized. A shorter course cannot be sufficiently thorough to be of the desired practical service previously specified.

In the apportionment of class work, one-third of each hour, as a general rule, may be given to theoretical teaching, the remainder to practical work. Until the rudiments are grasped it is best to concentrate the attention of the class upon the work of each nurse in turn, or of two pupils similarly employed, and with current question and comment to

sustain general interest. As the course advances a varied clinic may be developed; by suitable arrangements, cases in both general and local, or surgical, massage, ward and dispensary patients being utilized.

In the interval between classes the treatment of the ward patients may be continued, being assigned in turn to the more proficient pupils, and supervised, as required, by the instructor.

At the end of the course a practical examination should be given, followed later by one upon theory, the final class marking being an average of the two examinations and of the general class-work.

Where the instructor in massage is resident in the hospital, the work of the pupils subsequent to the definitely scheduled course of training may be variously continued in ward or dispensary practice. This is of obvious advantage to the pupil. It differs from a longer course of training in that an extension of the abridged curriculum is not attempted, but solely that the work previously undertaken is more thoroughly grounded.



## CHILDREN'S DEPARTMENT

IN CHARGE OF  
LOUISE C. BRENT



### THE CARE OF CHILDREN'S TEETH

By A. E. WEBSTER, M.D., D.D.S., L.D.S.

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It is often said, "Why should we have teeth at all? They cause us pain while they are coming, and pain and discomfort until they are gone." These conditions are not normal, and do not exist if all the functions of the body are acting properly.

There is no reason why dentition, which is undoubtedly a physiological act, should be painful. Everyone knows that second dentition is rarely, if ever, a painful act. Why should first dentition be much more frequently so? It has been shown with a good deal of care that the so-called diseases of dentition bear in frequency of occurrence a close relation to the condition of the food given children in the different seasons of the year.

It has been found that the regurgitations of food, colic, diarrhœa, and dysentery, with their train of consequences, which were one time said to be due to teething, are more frequent in the warmer seasons. The only reasonable conclusion is that these conditions are not due to teething at all, and are most likely due to faulty feeding.

There should be a clear distinction made between those diseases which are or ever may be the result of improper feeding and the nervous disturbance caused by retarded or impeded dentition. The pressure that may be exerted upon the pulp of the tooth by nature's effort to force the tooth through the hard, fibrous gum tissue may cause serious complications, but these will necessarily be of a reflex nervous character. A diarrhœa may result, but it will not resemble that produced by digestive disturbances. The child will plainly show nervous irritation; it will suddenly awake from sleep, perhaps with a scream. There will be spasms of the facial muscles, and pain will be followed by intervals of entire relief. The mouth will be alternately moist and dry. Appetite will be variable. There will be present a peculiar fretful condition. It will be afraid to bite upon anything whatever, which is in marked con-

trast to the condition in alimentary disturbances only, where the child will bite the finger or a rubber ring. If the mouth be examined, the gums about the advancing tooth will be found swollen, red, turgid, and exceedingly tender to the touch. The mucous membrane will have lost its normal appearance, and the child will be markedly nervous while its mouth is being examined. Deep crucial incisions should be made over the advancing tooth, if it be a molar, while a longitudinal one will answer for incisors. If the diagnosis of the condition was correct and the incision sufficient, the relief will be immediate. When conditions are extreme, sedatives are necessary.

To know when an advancing tooth is likely the cause of existing disturbances, it is necessary to know at what age each tooth erupts. No definite date can be set for the eruption of a tooth. Children are not infrequently born with the incisors erupted. In most such cases it is advised to extract such teeth because they are a source of irritation to the nipple in nursing. If the child be otherwise fed, there is no necessity for extraction.

Again, some children's temporary teeth do not begin to erupt until the second or third year.

Generally speaking, however, the temporary teeth erupt as follows:

Centrals .....	6 months of age.
Laterals .....	7 to 9    "    "
First molar .....	12 to 15    "    "
Cuspid .....	15 to 18    "    "
Second molar .....	24 to 36    "    "

The temporary teeth are usually well developed and well formed and regularly placed in the jaws. Very occasionally will the enamel be defective, and almost never will there be any irregularity, which is in marked contrast to the condition of the permanent set. It is the duty of the nurse to see that these little teeth are well cared for. There is no time in life when a perfect masticatory apparatus is more needed than in the developmental period. The general waste of the body is to be maintained, while at the same time a gradual development must be provided for. Once maturity is reached, defective mastication has not such far-reaching consequences. The child should have no annoyances and discomforts that tend to interfere with the development of a perfect nervous organization. If it has a sore tooth here and a sore finger there and something else wrong some place else, it is always on a nervous strain from fear and pain. Comfort is essential to perfect development.

If the temporary teeth are allowed to decay and become prematurely lost,—as is sometimes the case, I am sorry to say,—the child forms faulty habits of mastication that may remain for years after better teeth

are provided. Mastication being impossible because of sore or defective teeth, the food is bolted. Digestive disturbances not infrequently follow, and drugs are resorted to for the relief of the trouble even without any thought of the condition of mastication. Children often go for months and even years without being able to eat a meal in comfort. For a time at first a child may often cry out from pain during a meal, but later it learns not to cause itself pain by biting hard substances, and the friends think that all source of trouble has passed away. What is really occurring is the swallowing of the food without its being masticated at all. The most perfect cleansing of the mouth and teeth is done by the proper mastication of solid foods. Where mastication is imperfect from any cause whatever, the mouth is unclean and the teeth decayed. Food is allowed to lodge about the teeth without disturbance, micro-organisms develop, and decay of the teeth is the result. It is a poor policy to pour medicines into the stomach for the treatment of diseases due to micro-organisms which must have gained entrance through the mouth, and, in fact, were developed there owing to the existence of the proper conditions for their growth. Many alimentary infectious disturbances are directly traceable to faulty mastication.

Parents and guardians are always anxious to know if the second teeth will be good, or "Will they be straight?" as they put it. A perfect thing is rarely developed with imperfect surroundings, and yet we sometimes see fairly well-developed teeth in most unexpected places. The rule is, however, that if the temporary teeth be decayed and neglected, etc., permanent ones will meet the same fate. There are so many permanent teeth present before all the temporary are lost that they are sure to have the beginnings of decay if it is present in the temporary. The condition of the temporary teeth has its greatest influence over the development of the jaws and the proper arrangement of the permanent teeth to follow. Where the temporary teeth are prematurely lost, the jaw does not develop sufficiently to contain all the permanent, hence there will exist a sunken appearance of the mouth, while the teeth will be crowded together, making a most unsightly appearance. If abscesses form on the root of the temporary tooth, they will not be absorbed in the natural way, and when the permanent tooth erupts it will be compelled to locate itself beside the temporary one.

To repeat, the temporary teeth must be carefully attended to to insure perfect physical development; to prevent not only their decay, but also decay of the permanent set; to insure correct habits of mastication and proper oral hygiene. Children should be taught quite early to cleanse the teeth and mouth. They should be instructed as early as two years of age to take water into the mouth after a meal and force it

back and forth between the teeth from the lips and cheeks to the mouth. They can be taught to use the tooth-brush. It must be borne in mind that the tooth-brush, to be effective, must be used correctly. The handle and that portion in which the bristles are placed should have a slight curve. The bristles should be of unequal lengths, with a bunch of long ones at the end. The brush should be passed into the mouth over the upper molars and bicuspid and rotated downward, while on the lower it should be rotated upward. The rows of long bristles will then pass in between the teeth, where it is so essential to get perfect cleanliness. The lingual sides of the upper teeth should be brushed downward and the lower upward as above described. The back-and-forth sawing motion is objectionable for several reasons. If a grit be used on the brush, the teeth will be cut into furrows and the gums will be more or less torn, according to the stiffness of the brush and the violence of the operation. Micro-organisms will develop only where they have a degree of rest. Where food and the tongue and lips rub against the teeth decay rarely occurs, but it is in the secluded spots where decays have their beginnings. Hence the necessity for allowing the brush to pass as much as possible between the teeth. Floss silk may be passed between the teeth to remove particles of food that may have found lodgement. Care must be exercised not to allow the ligature to snap down upon the gum between the teeth, so as to injure it. Perfectly normal gums should not bleed from ordinary vigorous brushing. If they do bleed, however, it is very good evidence that there is some irritation around the necks of the teeth, such as pieces of tooth-picks, tartar, etc. In such cases immediate removal of the foreign substances is imperative. If allowed to remain, pus pockets may be formed which will sooner or later cause the loosening of the teeth.

It is often asked, "What tooth-powder is the best?" Tooth-powders and pastes serve the same purpose as the salt in the bath which is so commonly recommended for the ordinary dispensary patients. It is the clean skin the patient needs more than the salt, so, in the other case, it is the clean mouth that is needed more than the powder. To wet the brush in ordinary water before using is sufficient. Powdered pumice-stone may be used on a damp brush to remove any stains. Pumice must not be used too frequently. A disinfectant mouth-wash is very desirable where conditions demand it. If a child regularly cleans its mouth and teeth, a habit will be formed which will bring both pleasure and comfort.

Decay of the teeth is the result of bacterial growth. This being true, it is the plain duty of those in charge of children to see that their mouths are kept in a hygienic condition and that the teeth be regularly

examined for beginning caries. If they be frequently taken to the dentist to have their teeth examined when as young as three years of age, they become so accustomed to going that when filling operations are required they will not approach them with dread. No thoughtful parent will allow ghost-stories and fearful stories of wild animals to be told their children, yet how frequently children are told blood-chilling stories of the horrors of the dental chair. If a child has heard none of these stories and has been in a dental office often enough to be acquainted, it can be made to bear pain with more fortitude than a grown person. But the steps must be gradual. How sad it is to see a child who has had a tooth-ache for a day or two, and perhaps heard the history of the horrors of all the tooth extractions in the neighborhood, dragged into the presence of a physician or a dentist for the first time. Perhaps it is to have a permanent tooth extracted. Such a child goes away with the firm resolution that it will never go there again. The result is that its teeth are allowed to decay beyond hope of repair, perhaps. Such a child has been maltreated through the ignorance or neglect of both parents and the one who caused the fright that prevented it from caring for its teeth.

Decay of the teeth is essentially a disease of youth. Anyone who reaches maturity with a good masticatory apparatus is almost certain not to lose his teeth by decay. Everything points to the necessity of caring for the teeth of the young. No person should have to go through life defective in development and health or maimed because of neglect during an irresponsible period of life. Surely the responsibility rests with parents and guardians, nurses, and perhaps the State.

In cases where children's temporary teeth have been allowed to decay until the pulps are exposed and painful, it might be well to mention some means of giving relief. Generally speaking, the milk-teeth are not so painful, no matter what is wrong with them, as are the permanent ones in the same condition. To intelligently treat a case it is necessary to ascertain whether the pulp of the tooth is dead or alive. If it be alive, the pain is usually excited by food wedging into it, by cold water or anything hot, by running or playing in the cold air. If cold excited the pain, warmth will relieve it. If a foreign body caused the pain, its removal will give relief. It may be that the pain will come on at night or be excited by anything sweet. In all such cases remove the exciting cause, and relief is almost certain; but the cases that come on without apparently any immediate exciting cause require different treatment. The cavity in the tooth should be located and washed out with tepid water. Next dry it out with cotton held on the point of an explorer or probe, and then apply a small pledget of cotton soaked in equal parts of oil of cloves and pure carbolic acid. Over this place a piece of dry cotton.

If the pulp is dead, the conditions are vastly different. The pain will be more continuous, the tooth will be sore to touch, the gums will be swollen in the later stages. At a certain stage cold will relieve the pain and heat intensify it, later still heat may give relief. These symptoms indicate beginning of abscesses. Often abscesses will form on the roots of the temporary teeth and go on to the formation of fistulæ without much pain. Children often go for months with lame teeth upon which they cannot bite, while at the same time there is pus exuding into the mouth from several "gum-boils" over the roots of such teeth. This continuous swallowing of pus cannot be wholesome, to say the least. In the early stages of abscess formation, which is the only time throughout their whole course in which they are painful, relief may often be given by a warm foot-bath or by opening into the pulp cavity of the tooth that seems to be sore to the touch. Hot water held in the mouth or painting the gums with iodine will often give relief. If these methods fail, sedatives may be administered. At the earliest opportunity the child should receive dental treatment, which will give it entire relief.

Generally speaking, the public do not understand that the temporary teeth ought to be well cared for because of the influence they have over the permanent teeth to follow. These same people are not likely to know the difference between a temporary tooth and a permanent one, and as a consequence a child's permanent teeth are often allowed to decay, when if the parents only knew the condition they would have them properly attended to. It is safe to say that not one parent in twenty knows that a child erupts four permanent molars just behind the temporary ones at six years of age. These molars are the most important teeth in the mouth, and the most frequently decayed and neglected. If a child between the ages of eight and twelve has toothache, in ninety per cent. of cases it is caused by the first permanent molars. These teeth are the most frequently decayed because they are so often defective in structure and in an unhygienic mouth, associated with decayed temporary teeth. At twelve years of age four more permanent molars erupt posterior to the four first permanent molars, and later the third molars, or wisdom teeth, present themselves. It must be borne in mind that the twelve permanent molars erupt posterior to the temporary molars, and that the eight bicuspid take the place of the eight temporary molars. No greater service can be done a child than to see that his first permanent molars are properly cared for. By the time the other permanent teeth erupt and need attention other than by his own efforts he will be old enough to take the responsibility upon himself.

The symptoms and treatment of diseases of the permanent teeth are the same as of the temporary. There is this difference, however, the

pain is more severe and the consequences farther reaching. The inflammatory condition surrounding a first permanent molar is often so intense that there are marked general symptoms. The swelling is often very marked, pus is abundant, an osteo-myelitis is frequent, and large portions of the jaws are often lost. Then again the pus often burrows through the bone and soft parts until it finds an opening on the face. These openings give relief by affording drainage from the pus cavity. In all cases where an alveolar abscess has opened upon the face there remains when healing has taken place a decided dimple or depression where the skin is dipped in until it is in contact with the bone. Where there is an acute alveolar abscess with much swelling and a tendency to point on the face, the region should be painted with flexible collodion to prevent such a misfortune. Hot poultices are contraindicated in such cases. Every effort should be made to induce the abscess to open in the mouth. The free use of the lance is of great service in that direction. It is not necessary to extract the teeth because an alveolar abscess exists, even if there be a fistulous opening on the face. These may be treated by injecting fluids into the tooth that will pierce out through fistulæ on the face.

To sum up: perfect teeth are essential to perfect mastication, perfect mastication is essential to perfect hygiene of the oral cavity, perfect hygiene of the oral cavity is essential to perfect digestion, and perfect digestion is essential to perfect development.



# PROGRESSIVE MOVEMENTS

IN CHARGE OF  
LUCY L. DROWN



## A SUCCESSFUL EXPERIMENT

[The writer of the following article (J. C. Sleet) is a young colored woman and a trained nurse, whose genuine altruism and intelligence in social reform work has impressed with admiration her acquaintances and friends, one of whom ventures, without her knowledge, to make this record of her work.

Miss Sleet was trained at the Providence Hospital in Chicago (a hospital for colored patients, and having also a very good training-school exclusively for colored women to be trained as nurses), and came to New York filled with determination to work among the neglected ones of her own race, wishing to be more to them than just their nurse in times of illness, hoping to live in their midst and cheer and influence their lives in many ways.

She visited the different settlements to inquire how best to go about accomplishing her purpose, and was taken on the nursing staff of the Charity Organization Society, to whom the following report is addressed. She hopes before long to be able to adopt the "settlement" plan of life on the west side.—Ed.]

I BEG to render to you a report of the work done by me as district nurse among the colored people of New York City during the months of October and November. I have endeavored to search out the families in which there was sickness and destitution. But I have never hesitated to visit anyone when I have felt that a word of advice or a friendly warning was all they needed.

I have visited forty-one sick families and made one hundred and fifty-six calls in connection with these families, caring for nine cases of consumption, four cases of peritonitis, two cases of chicken pox, two cases of cancer, one case of diphtheria, two cases of heart disease, two cases of tumor, one case of gastric catarrh, two cases of pneumonia, four cases of rheumatism, two cases of scalp-wound.

I have given baths, applied poultices, dressed wounds, washed and dressed new-born babes, cared for mothers. When there has been an intelligent member of the family on whom I could depend, I have instructed them how to care for the sick one. When there was no one, as was often the case, I have made daily visits if the case required it, caring for them until they were able to care for themselves. Whenever I have felt it advisable, I have urged them to go into hospitals. Five of them received hospital treatment; two were placed in the Colored Home and Hospital, two in Bellevue, and one in the Presbyterian Hospital.

A number of societies, churches, and physicians were visited, the plan of work laid before them, and in every instance it met with their approval. They felt that it was a much-needed work and promised their hearty coöperation. Twenty-eight visits of this kind have been made.

Before closing I would like to speak briefly of two of the cases which have greatly interested me, and in which I have positive proof of good results:

L— K—, —th Street, a young woman aged twenty-eight, complete paralysis of the left side; destitute, without any means of support, depending on her friends for food. After some persuasion she consented to go to the Colored Home and Hospital. Her recovery is very doubtful. The probabilities are she will never again be able to work and support herself and child, a girl of thirteen years. They have no relatives. The girl stands alone. No one appeared to have any interest in her excepting a woman in the next house, who has made it her business to be particularly nice to her, thus winning her affection and good-will. On investigation I found the woman is not a fit person to have a child, as she is not a person of good morals. I asked the mother to let me have the care of her child; this she consented to do. She was then placed in a respectable family, the woman promising to care for her until I could place her in an industrial school, which I hope to do early in January. I visit the home from time to time and am satisfied that the child is protected from those who would injure her. In this case I think I can safely say good has been accomplished.

B— S—, a consumptive, twenty-seven years of age, with no means of support, a little girl of three years, and a mother sixty-five, lived in three small rooms, — Street. The three persons occupied the one room and slept in the same bed, the sick woman refusing to be separated from her child for a few hours. After I had visited the family a few times I succeeded in convincing the mother that she was endangering the life of her child. On my advice, she agreed to occupy the room alone, permitting the others to sleep in another apartment. A marked improvement was noticeable in other directions. The sputum was always carefully covered and a window lowered from the top whenever the weather permitted. The mother of the sick girl did not ask for relief, but that assistance be given her in obtaining work. I was successful in finding her work for ten days to do house-cleaning. The lady became interested in the family, and procured for the daughter the services of a specialist, who gave her every attention. The mother earned sufficient to pay a month's rent which was overdue, thus keeping her little home together, which was on the verge of going to pieces. The daughter, who passed away a few days ago, was made comfortable up to the day of her death.

Other cases might be spoken of, but the above is a specimen of the work which has been going on during the past two months. I cannot but feel that this house-to-house visiting, these face-to-face practical talks, which I am having with the people, must bring about good results. They have welcomed me to their homes, saying, "We don't know you, but we belong to the same race." They have listened to me with attention and respect, and if the advice which I gave was not always accepted, in no case was it rudely rejected.

## THE AMUSEMENTS OF THE INSANE

Nothing illustrates more vividly the revolution in the methods employed in caring for the insane than the subjoined portion of the programme for "Field Day" at one of our State hospitals. The visitor present on one of these occasions would hardly know that he was in the midst of a community afflicted with insanity. The orchestra, composed of men patients, plays quite as well as the ordinary country band; the patients, sitting under the trees or grouped about the dancing-pavilion and tennis-courts, look cheerful, tranquil, and happy. While there are some ways in which civilization seems not to have gone as far as it might, this kind of evidence gives an inspiring assurance of the final triumph of a humane intelligence:

### PROGRAMME OF EVENTS AND PRIZE LIST.

#### Music by the Hospital Orchestra.

1. EGG RACE.....Women Patients  
*First Prize, Pair of Gloves; Second Prize, Fancy Apron;  
 Consolation Prize, Silk Handkerchief.*
2. RUNNING RACE—FIFTY YARDS.....Men Employees  
*First Prize, Hand-Bag; Second Prize, Pocket-Book;  
 Third Prize, Silk Neck-Ties.*
3. BOWLING CONTEST.....Men Patients  
*Prize, Suspenders for Winning Side.*
4. TETHER-BALL CONTEST.....Women Patients  
*Prize, Silk Parasol.*
5. RUNNING RACE—TWENTY-FIVE YARDS.....Women Patients  
*First Prize, Silk Parasol; Second Prize, Silver Cuff Buttons;  
 Consolation Prize, Silk Handkerchief.*

# PROPHYLACTICS

IN CHARGE OF  
MARY M. RIDDLE



## RECENT DISCUSSIONS OF PULMONARY TUBERCULOSIS IN THE MEDICAL JOURNALS

ARRANGED BY DELIA KNIGHT  
Graduate of Boston City Hospital

### I.

#### FALLACY OF CLIMATE IN TREATMENT OF TUBERCULOSIS

THE change in the trend of thought among physicians concerning the treatment of tuberculosis must be interesting to every nurse, but especially so to those who have travelled South and West and witnessed the misery of sojourners there who have pulmonary tuberculosis and no money. I recall one such person too weak to talk, yet he was forced out of a hospital in California and placed upon the home-bound train lest the death-rate of that hospital should be increased by his remaining a few weeks longer.

Our first extracts are made from the paper of Dr. J. W. Kime, printed in the Philadelphia *Medical Journal*:

"A mistake that is far-reaching in its consequences in the treatment of tuberculosis is the popular and, I regret to say, professional error that a specific climate exists and is of great importance in the therapy of this disease.

"Happily, Colorado and California have proclaimed that the Utopia sought does not there exist, that the land where climate alone brings health is to them unknown.

"Sadly have they learned that not only do the strangers die, but, dying, leave behind an awful heritage that threatens the prosperity of their Commonwealths. The native-born of every climatic resort are alike afflicted with this malady, but, seized with the fatal belief that somewhere exists the specific sought, they flee to die as others do, 'among strangers and in a strange land.'

"These same patients kept at home, with the comforts of the home life, under the careful supervision of an intelligent physician, would live

longer and die more comfortably and more content than where, far from home and friends, their declining days are passed alone, homesick and heart-sick, among those whose only interest in them is a financial one. It is far more important that every act and every movement of the phthisical patient be directed by the physician, than that a little rarefied air be breathed on some barren mountain peak.

"With the exercise of proper care and proper intelligence, there is no climate in this country that is not well adapted to the treatment of tuberculosis.

"The ultimate solution of the tuberculosis problem lies in the direction of the special sanatoria that are being constructed all over the country and all over the world, and is wholly independent of the question of climate. It is in these institutions that the best results are secured, both to the patients themselves and to the State at large. A much greater percentage of cases will be cured in these institutions than will ever be favorably influenced by the most noted of climatic resorts.

"It is not a question of climate, of elevation, of heat or cold, of dryness or of moisture. Wherever an abundance of God's pure air and sunshine may be had, there may this disease be successfully treated. Results are the same in the high latitudes of Sweden, in the forests of Germany, in the mountains of Switzerland, in sunny France and Italy, and in the humid climate of the British Isles. In our own country like results are now obtained on the lower Hudson, on the coast of Massachusetts, in the Adirondack region, and in the Carolinas."

## II.

### OPEN-AIR TREATMENT OF PHTHISIS

J. FLETCHER LITTLE AND F. W. FORBES ROSS

"A man of twenty-four, with tuberculosis, went to South Africa, where he did not improve. Upon his return to England he was extremely emaciated, there was cough, and profuse expectoration filled with tubercle bacilli; there was a cavity in the left lung, consolidation of both apices, and ulceration of the larynx. The temperature was high. After failure to improve in a hospital he was sent home, where he carried out the open-air treatment. In five weeks he had gained five pounds, and was then sent to an institution where the open-air treatment was continued. In the course of some months he had increased very considerably in weight, the cough and night-sweats had ceased, there was very slight expectoration, and the patient was apparently cured. A few tubercle bacilli, however, could still be found in the sputum."

## III.

RESPIRATORY GYMNASTICS MAY BE SUBSTITUTED FOR  
HIGH ALTITUDE*[From the Albany Medical Journal]*

"Parker Murphy insists that a proper system of respiratory gymnastics is very essential in the treatment of tuberculosis. This is especially necessary for persons leading a sedentary life, and who for that reason are denied the invigorating fresh air and the deep, full respiration induced by vigorous exercise. He says the splendid results of high altitude in the treatment of tuberculosis have not been due to any curative constituent of the atmosphere or any peculiarity of temperature, but entirely to decreased barometric pressure upon the external surface, compelling a greater expansion of the chest, opening up a larger surface for the interchange of gases, and consequently a greater oxygenation of the blood. It is self-evident, then, that the forced distention of the lungs and bronchi in those who live in high altitudes alone confers immunity against the disease. The exercises available to produce better respiration are very numerous and varied, but the underlying principle is simply to bring into more vigorous play the muscles which expand the thorax and at the same time excite deep, full, and free breathing, to bring the vital force of the lung to its maximum. All exercises of the thoracic muscles for the purpose of producing an increase in that cavity must at the same time be coincident with deep breathing. The amplitude of the respiratory movements must be increased, the lungs must push out from within, as well as the thoracic muscles pull from without. We should labor incessantly in the advocacy of a more general use of physical training, so that the large lung surface necessary to our physically active and vigorous, savage ancestors may not become a redundancy when it is transmitted to our higher civilization, in which everything tends to produce a condition of physical inertia."

## IV.

As far back as 1890, at the International Medical Congress at Berlin, Sir Hermann Weber, M.D., F.R.C.P., introducing the discussion on the "Climatic and Hygienic Treatment of Pulmonary Tuberculosis," expressed his opinion "that climatic treatment by itself was insufficient in most cases; that careful supervision and guidance of the patient by the doctor was necessary, and that, therefore, treatment in special establishments was to be preferred in the majority of cases, whilst for poor patients it was urgently required."

# CONSTRUCTION, SANITATION, AND HYGIENE

IN CHARGE OF  
M. E. P. DAVIS



## EXTRACTS FROM THE PUBLIC STATUTES OF THE COMMONWEALTH OF MASSACHUSETTS CONCERN- ING VACCINATION

CHAPTER 80, SECTION 51.—Parents and guardians shall cause their children and wards to be vaccinated before they attain the age of two years, and revaccinated when the selectmen or mayor and aldermen shall, after five years from the last vaccination, require it. For every year's neglect the party offending shall forfeit five dollars.

CHAPTER 80, SECTION 53.—Towns shall furnish the means of vaccination to such of their inhabitants as are unable to pay for the same.

ACTS of 1898, CHAPTER 496, SECTION 11.—No child who has not been duly vaccinated shall be admitted to a public school except upon presentation of a certificate, signed by a regular practising physician, that such child is an unfit subject for vaccination.

[Application for free vaccination, by persons who are unable to pay for it, may be made to the clerk or agent of the board.]

## AN ACT CONCERNING CONTAGIOUS DISEASES

ACTS of 1884, CHAPTER 98, SECTION 1 (as amended by Act of 1900, Chapter 102).—When a householder knows that a person within his family or house is sick with small-pox, diphtheria, scarlet fever, or any other infectious or contagious disease dangerous to the public health, he shall immediately give notice thereof to the Board of Health of the city or town in which he dwells, and upon the death, recovery, or removal of such person, such of the rooms of said house and such of the articles therein as, in the opinion of the Board of Health, have been subjected to infection or contagion shall be disinfected by such householder to the satisfaction of said Board of Health. Any person neglecting or refusing to comply with either of the above provisions shall be punished by a fine not exceeding one hundred dollars.

SECTION 2.—When a physician knows that a person whom he is called to visit is infected with small-pox, diphtheria, scarlet fever, or any other disease dangerous to the public health, he shall immediately give notice to the selectmen or Board of Health of the town; and if he refuses or neglects to give such notice, he shall forfeit for each offense not less than fifty nor more than two hundred dollars.

SECTION 3.—The Boards of Health in the several cities and towns shall cause a record to be kept of all reports received in pursuance of the preceding sections, and such record shall contain the names of all persons who are sick, the localities in which they live, the diseases with which they are affected, together with the

date and names of the persons reporting any such cases. The Board of Health shall give the School Committee immediate information of all cases of contagious diseases reported to them according to the provisions of this act.

SECTION 4.—The Secretary of the Commonwealth shall furnish the Boards of Health with blank-books for the record of cases of contagious diseases as above provided.

[The Board of Health considers small-pox, scarlet fever, measles, diphtheria, membranous croup, cholera, typhus fever, and typhoid fever to come within sections one and two of the above, but disinfection after measles and typhoid is not insisted upon.]

CHAPTER 80, SECTION 18.—The Board of Health of a town shall make such regulations as it judges necessary for the public health and safety respecting nuisances, sources of filth, and causes of sickness within its town. . . . Whoever violates any such regulation shall forfeit a sum not exceeding one hundred dollars.



## NEW DRUGS

IN CHARGE OF

WILLIAM SCHLEIF, M.D.

Instructor in Pharmacy, University of Pennsylvania



### DRUGS: THEIR USE AND ABUSE

A VERY convenient form to exhibit remedies is in the shape of pills, though this is necessarily limited to drugs which do not change when exposed to the air, are not volatile, and are not given in doses exceeding three grains for a vegetable and five grains for a pill composed of mineral ingredients. Pills have always been among the most popular of solid preparations, as they afford a ready means of administering substances unpleasant to the taste. In order to combine medicinal agents so that they can be shaped into pills, it becomes necessary to add some liquid or solid to form a mass from which the pills are moulded. This very addition often neutralizes all the advantages derived from their use, as the pills gradually harden and become insoluble. This applies not so much to the freshly made pill of the pharmacist, but to the machine-made product of the manufacturer, which may have rested on the druggists' shelves for a long time before it is called into use. It is often advisable to test such pills in reference to their solubility; especially is this indicated in the case of quinine. A pill should soften or fall to pieces if exposed to water for a reasonable length of time.

Capsules are employed when pills cannot be swallowed or a more bulky dose is to be given. Two varieties are found, the hard and the soft. Hard capsules are intended for solids and soft capsules for liquids. The former easily hold from five to ten grains of powdered drug, the latter are typically suited for volatile and fixed oils. Though a capsule is much larger than a pill, still it is swallowed quite as easily—at times even more readily—provided it does not exceed the size of the pill in its transverse diameter. The soft capsule is taken with less difficulty than the hard, and quite a number of patients can swallow a capsule containing seventy-five minims of cod-liver oil, though the capsule in such a case closely approximates a bird's egg in size.

Cachets—originally called *cachets de pain*—are an improvement on both pill and capsule. They consist of little, hollowed disks of wafer-sheet, so constructed that two can be fastened together by their concave surfaces to enclose a dry powder. The cachet is dipped for an instant in

water, when it softens, placed upon the tongue, and a mouthful of water will carry it down as readily as a raw oyster. Larger doses can be given in this way than by pill or capsule. The principle of the cachet can be carried out in the following manner: a small piece of wafer-sheet (the same that is sold as fish-food) is floated upon a glassful of water; as soon as it softens, it is picked up from below with a spoon. The softened wafer-sheet falls into the hollow of the spoon, the powder is placed upon it, the free edges of the sheet are folded carefully over the powder, and the whole swallowed before the latter has had a chance to dissolve.

Whenever it is possible medicinal substances should be prescribed in *solution*, and most *mineral* or *chemical* salts are given in this manner, preferably dissolved in water. This has the distinct advantage of possessing no therapeutic action of its own. But the vegetable drugs, like roots, barks, leaves, stems, fruits, flowers, and the like, must be prepared in some manner to render them suitable for administration. Their dose is usually so large that patients would object to taking them in the form of a dry powder. If the active principle is known, this is extracted and employed in a pure condition. Cinchona bark contains quinine, and two and one-half grains of quinine represent approximately the activity of one hundred grains of the dry bark. We prefer, therefore, to administer a small quinine pill instead of taxing the patient's digestive organs with a large quantity of the powdered drug in its crude state. In many cases the active principle has not been isolated and the drugs are extracted with some liquid, usually water, alcohol, or a mixture of the two. By the use of water, *infusions* and *decoctions* are obtained: infusions, if the drug be exhausted with either hot or cold water, while a decoction results if the mixture be boiled; in either case the liquid is strained. When a vegetable drug is extracted with alcohol (or alcohol diluted with water) a *tincture* is produced, and if this tincture be made of such strength that a minim represents a grain of crude drug (one hundred per cent.), it is called a *fluid extract*. All tinctures and fluid extracts contain alcohol; they therefore require dilution with water previous to administration. Alcohol is a good antiseptic, and preparations made with this liquid keep much better than those prepared with water, but the therapeutic effect of the alcohol should not be lost sight of. Many tinctures are given in doses ranging from a teaspoonful to a tablespoonful, and the quantity of alcohol they contain represents in strength at least an equal volume of whiskey or brandy. Consequently a patient may become a chronic tippler from the long-continued use of any tincture given in large doses, though it must also be said that the medicinal value of many pharmaceutical preparations depends in great measure upon the alcohol they contain.

## HOSPITAL AND TRAINING-SCHOOL ITEMS

IN CHARGE OF  
LINDA RICHARDS



THE exercises conferring diplomas upon the tenth class to graduate from the Johns Hopkins Hospital Training-School for Nurses were held in the Hall of the Physiological Building of the Medical School on the afternoon of May 24, at half-past three o'clock. The Hall was beautifully and lavishly decorated with palms and flowers, and was filled to its utmost capacity with friends and relations of the graduates and with Baltimore people, who have always maintained a keen interest in the work and progress of the Training-School.

The graduating class and the officers and teachers of the school, about fifty in number, were placed to the right of the platform.

The address to the graduates was given by Dr. Daniel C. Gilman, president of the Johns Hopkins University. He outlined the remarkable progress made by the profession of nursing, and encouraged still further efforts in the direction of better educational methods, more teachers, libraries, and facilities for improved work.

Dr. Henry M. Hurd, the superintendent of the hospital, prefaced the conferring of the diplomas with a brief address urging the wisdom of much liberality in planning courses of instruction for nurses.

The report of the superintendent of the school, Miss Nutting, covered the advances made in the school work since the graduation of the first class, ten years ago, and followed out briefly the work accomplished by some of the two hundred and thirty-seven nurses who have graduated from the school and are now occupied in professional work in various parts of the world.

At the conclusion of the ceremonies a large reception was held in the hospital grounds, where tents had been erected from which refreshments were served.

The following pupils were awarded scholarships:

*Seniors.*—Robina Stewart, Guelph, Canada; Mary McMaster, Winnesboro, South Carolina; Carolyn Van Blarcom, St. Louis, Missouri; Francina Freese, Cayuga, New York.

*Intermediates.*—Bessie Baker, New Market, Maryland; Eliza Dick, Sumter, South Carolina; Louisa Jack, St. John, New Brunswick; Ellen La Motte, Wilmington, Delaware.

*Juniors.*—Loula Kennedy, Freedom, Maryland; Amy McMahon, St. Catherine's, Canada; Grace Smith, Birmingham, Alabama; Reba Thelin, Baltimore, Maryland.

THE subject of State sanatoriums for consumptives is still agitating the public mind. Massachusetts and New York each have a Consumptive Sanatorium, modelled after those of Austria and Germany. An excellent Consumptive Home has been established near Philadelphia, and the Legislature of Minnesota has been considering a bill setting apart land for a Sanatorium for Consumptives, and appropriating one hundred and fifty thousand dollars for buildings and fifty thousand dollars annually for operating expenses. Maine is talking about a Consumptive Sanatorium, and the California Legislature has passed a resolution providing for the appointment of a Senatorial committee with authority to investigate the subject of consumption in the State, to report whether or not it is advisable to establish a hospital for consumptives, and, if so, to make suggestions with reference to a site and the amount necessary to be expended.

Professor J. T. Rothrock, a physician and a botanist of world-wide fame, now State Forestry Commissioner of Pennsylvania, has a plan for utilizing the forest reservations of his State for the care of consumptives. He would establish camps in suitable places in these forest reserves where consumptives could spend the summer months and have the advantage of pure air and an out-door life. Dr. Rothrock has already money enough subscribed to cover the expense of such camps. "The patients," he says, "will be furnished shelter free, but will have to make their own cooking arrangements. They will be required to adhere rigidly to the fish and game laws, and all laws for the preservation of the forests, including precautions in the use of fire."

This seems like an excellent scheme, and is worthy, at least, of due consideration.

Consumption is not the incurable disease we have been taught to consider it. If taken early, under favorable conditions and proper treatment, many get well; and those who have inherited tendencies towards consumption may be made so strong and resistive that the disease has no power over them.

THE evening of May 7 the graduating exercises of the Training-School for Nurses of the Presbyterian Hospital were held in Princeton Presbyterian Church, Philadelphia. Rev. Charles Wadsworth, D.D., presided and addressed the graduating class. Dr. John H. Girvin also made an address, and the diplomas and badges were presented by Mr.

Charles H. Mathews, vice-president of the Board of Trustees. Mr. James F. Magee, with his usual generosity, provided a reception in the Nurses' Home for the members of the graduating class and their friends. The home was beautifully decorated with plants and cut flowers and every one seemed to have spent a pleasant evening.

These were the graduates of the Class of 1901: Edith R. Andrews, Princeton, New Jersey; Janet L. Bines, Ridge Farm, Illinois; Mary Campion, Germantown, Philadelphia; Marie Close, Cambridge Springs, Pennsylvania; Hebe Cutts, Lewinsville, Virginia; Emma E. Grittinger, Cornwall, Pennsylvania; Cornelia W. Happersett, Fort Hamilton, New York; Anna S. Hess, Philadelphia, Pennsylvania; Anna E. Kumm, Allegheny, Pennsylvania; Anna E. McCowan, Pitman Grove, New Jersey; Jennie E. Patterson, Harrisburg, Pennsylvania; Adda W. Phillips, St. Davids, Pennsylvania; Elizabeth L. Robinson, Harrisburg, Pennsylvania; Jennie C. Wardell, Toronto, Canada; Lillie F. Wardell, Toronto, Canada; Nellie M. Wicker, Farmville, Virginia; Elizabeth T. Wright, Easton, Maryland.

THE presentation of diplomas and medals to the graduating class of the Lady Stanley Institute, Ottawa, took place on Monday, May 13, in the presence of a large number of friends. The class consisted of thirteen nurses. Her Excellency, the Countess of Minto, presented the diplomas and medals and made a few congratulatory remarks. Addresses were also made by Mr. E. B. Eddy, president of the hospital, Rev. C. W. Mackay, Rev. Dr. Herridge, Rev. Canon Pollard, Dr. Scott, and Dr. Hanna, all speaking in encouraging terms to the nurses and offering good wishes for their future success.

The school was opened in 1891 by Lady Stanley, wife of the then Governor-General of Canada, and arrangements were made for the pupils to receive their practical training in the General Protestant Hospital, the Hospital for Contagious Diseases, and the Ottawa Maternity Hospital.

During the last two years large additions have been made to the General Hospital, giving opportunities for the study of special branches of work, and necessitating also an increase in the nursing staff.

The Lady Stanley Institute, a hitherto independent corporation, has recently been amalgamated by Act of Parliament with the General Hospital, the home and Training-School retaining their original name.

PLANS for the new seven-story fire-proof building to be erected at Lexington Avenue and Fifty-fifth Street for the Babies' Hospital of the city of New York are complete. For the past six months the superinten-

dent and one of the attending physicians of the hospital have been in Europe studying hospital construction that they might utilize the most advanced ideas in the new structure.

The new building will allow one thousand cubic feet of air to each patient, in marked contrast to many of the hospitals in this city, which provide only three hundred cubic feet to each patient. On the first floor will be the dispensary and offices. The second and third floors will be given over to dormitories for the hospital officers, nurses, and servants. This leaves the upper floor for the wards, which, being high up, will have good light and air, besides being above the dust and noise of the street.

On the fourth floor will be private rooms and two model nurseries, in which maids will be instructed in the proper care of infants. This Training-School originated with the Babies' Hospital, and has been copied throughout the country with more or less success. Part of the fourth and the fifth and sixth floors will be taken up by wards. On the seventh floor will be a great glass sun-room, isolation rooms, and a large laboratory.

THE annual graduating exercises of the St. Mary's Hospital Training-School for Nurses were held at the Pouch Gallery, on Clinton Avenue, Brooklyn, on the evening of May 17.

Dr. John Byrne, president of the faculty of St. Mary's Hospital, presided, and awarded diplomas to the following young women: Mary A. Fenneran, Edythe E. Flawn, Mary Mahoney, Alice J. Danforth, Agnes E. Staley, Mary R. O'Sullivan, Florence E. Laskowski, Anna M. Brady, Kathryne R. O'Boyle, Anna McInerney, Kathryne Cunningham, Nellie Cusick, Eva M. Ritchie, Margaret J. Marwick.

The valedictory was delivered by Miss Edythe E. Flawn, and the first prize for proficiency in studies was won by Miss Alice J. Danforth.

Assistant District Attorney Martin W. Littleton delivered an address to the graduates, saying in part:

"Life is not worth living except it is a struggle. It is what we gather as we proceed; it is in the strain of the struggle; it is in the reach of the ambition; it is in the strain which brings every faculty, every impulse, every hope tensely to bear upon the ambition which is set high in the future."

After the exercises the graduates received their friends in the banquet hall, where supper was served, followed by dancing.

THE sanatorium for the treatment of consumption which has been recently established by the State of Massachusetts in the town of Rutland, in the centre of the State, is an experiment whose fortunes will be

watched with great interest the world over. It is the first State hospital for consumptives ever founded, and its results thus far have been remarkable. Rutland is the highest town in Massachusetts east of the Connecticut River. Its air is remarkably pure and bracing, and it was the place selected for the experiment by a great majority of the physicians and scientific men who were called into consultation. The institution is carefully described in an interesting article by Mrs. Rufus Phillips Williams in the May number of the *New England Magazine*, the first article in which this noteworthy effort has been well presented to the public in one of the popular magazines. The methods followed at the sanatorium are carefully described, and the article is accompanied by many pictures which contribute to make the whole work plain. By and by our Northern States will undoubtedly buy tracts in the more genial South upon which to establish their hospitals for consumptives. Until that day comes, such experiments as this at Rutland are welcome, indeed, and the success which has attended this particular experiment is most promising.

ON May 29 the first graduating exercises of the Lakeside Hospital School for Nurses, Cleveland, were held in the hospital building. Sixteen nurses graduated. The exercises were of a simple nature, and were followed by a short reception in the "Home."

Dr. Lewellyn F. Barker, of the University of Chicago, delivered the address to the class; the diplomas, badges, and prizes were presented by Mr. Samuel Mather, president of the Board of Trustees; a short sketch of the aims of the school was read by the principal, Miss McMillan, and the exercises were closed by the Rt. Rev. William A. Leonard, Bishop of Ohio.

One feature which is worthy of comment was the carefully prepared, comprehensive, and dignified address delivered by Dr. Barker. It was a pleasing contrast to the old-time speech, filled with trite advice, which so frequently greets the graduating nurse. With the rest of the programme, it gave a dignity to the occasion, to the school, and to the nursing profession very pleasing to those interested in its advancement.

THE last session of the Louisiana Legislature appropriated twenty-five thousand dollars for the purchase of a home for the lepers. The lepers are now cared for at Indian Camp plantation in Iberville, but the Board of Commissioners of the Lepers' Home have only a lease of the property, and public sentiment in the neighborhood, particularly in the town of White Castle, two miles distant, is against having the lepers there. For more than a year the board has been looking for an available property. The negotiations had to be conducted secretly, for the moment.

a suspicion was aroused that the purchase was for a leper home protests went up from all the neighbors.

The board desired to establish the home near New Orleans because of the better medical attendance assured thereby and under the belief that with better accommodations and treatment it would be possible to carry out the law and compel all lepers to be confined in the hospital.

MISS ADELLA WALTERS, the superintendent of nursing, sends us the following item:

"The following is the list of the Pan-American Hospital nurses who were on duty for the month of May: Mrs. Laura Hesselberg, Presbyterian Hospital, New York; Miss Claribel Lichtenstein, Touro Infirmary, New Orleans, Louisiana; Miss Cecil Dodge, Chicago Baptist Hospital; Miss Margaret Haines, Woman's and Children's Hospital, Buffalo, New York. The nurses on duty for the month of June are: Miss Laura Jarvis, Arnot Ogden Hospital, Elmira, New York; Miss Eleanor Alexander, Kingston General, Kingston, Ontario; Miss A. L. Greenwood, Buffalo General Hospital; Miss Florence Hamilton, Buffalo General Hospital; Miss M. A. VanEvery, Buffalo General Hospital."

WITH the incorporation of the Colorado Hospital for Women and Children recently preparations were begun for a new institution in Denver. As set forth in the articles of incorporation the objects are: "To further the professional advancement of women physicians and surgeons by establishing a hospital for women and children to be under the control of women physicians and surgeons; to provide for women medical attention of competent physicians and surgeons of their own sex; to train nurses." This project has been talked of for some time among the women physicians of Denver. They desire more hospital and surgical experience than they can now obtain at the other hospitals. The institution will be conducted on the same general lines as a similar hospital established by women physicians in Boston, Massachusetts.

THE corner-stone of the new addition to Charity Hospital, Cleveland, Ohio, was laid on May 11. The programme was complete and the event was a memorable one in the history of this, Cleveland's first hospital. The new building will cost forty thousand dollars. The money with which to build it has been donated by generous friends of the hospital, who asked that the sums given by them should not be published.

THE New York Eye and Ear Infirmary, New York City, recently received a gift of money from William C. Schermerhorn, and this money

will be used in the erection of a new pavilion for sufferers from ear and attendant brain diseases. This pavilion will stand on the premises now occupied by the building known as No. 224 Second Avenue. The hospital has just taken title to the property.

THE Swedish Hospital and Nurses' Institute, Minneapolis, Minnesota, will erect a building at Tenth Avenue and Eighth Street, facing Elliott Park and diagonally across the street from the new Asbury Hospital. The new hospital will cost about fifty thousand dollars. The building will be three stories, sixty by one hundred and five feet, and of fire-proof construction.

ON the afternoon of May 16, under the auspices of the Masonic Grand Lodge of Missouri, the corner-stone of the New Jewish Hospital was laid at St. Louis. The hospital will be built on the pavilion plan. The ward buildings will be two stories high and will accommodate seventy patients. There will be an isolating ward. The buildings will be strictly fire-proof.

WITHIN a few days workmen will begin to tear down the old building at the county hospital, Denver, Colorado, which formerly was used as a ward for insane patients and for the treatment of tuberculosis and contagious diseases. The building will be replaced by a modern structure which will cost between forty thousand and fifty thousand dollars.

PLANS for the proposed hospital at Batavia, New York, have been presented to the Board of Directors of the Woman's Hospital Association and have been approved. The annual meeting was held May 9, when it was hoped the fund of ten thousand dollars would have been secured, so that work upon the hospital could soon be commenced.

THE nurses who had the privilege of caring for the wife of the President during her late illness in San Francisco were Miss Jessie R. Nelson and Miss Evelyn Hunt, both of California. Miss Nelson graduated from the City and County Hospital and was for a time head nurse in Lane Hospital. Miss Hunt is a graduate of Lane Hospital.

ST. PAUL, Minnesota, will soon have a large and modern non-sectarian hospital. The movement for it originated with a number of citizens, and is backed by the physicians. The city is believed to be in need of such an institution. It will cost upwards of one million dollars. Plans for the project are not yet fully matured.

THE new hospital at Steubenville, Ohio, erected by Congressman J. J. Gill at a cost of thirty-five thousand dollars, was completed last week and is ready for occupancy. It is a building of four stories and has every modern equipment necessary for caring for the sick. Congressman Gill has made the hospital a gift to the city.

THERE is to be built a two-story and loft addition to the Bryn Mawr Hospital, Bryn Mawr, Pennsylvania. The new extension will be twenty-nine by one hundred and eight feet, with a wing twenty-five by forty-five feet. It will contain bedrooms, nurses' quarters, etc. The addition will be of stone, similar to the present buildings.

ST. ANNE'S HOSPITAL, which is to be erected at Forty-ninth Avenue and Thomas Street, Chicago, Illinois, will be devoted to the care of consumptives. The principal building will be two hundred and forty-eight by two hundred and twenty-four feet and will be of brick. It will cost one hundred and fifty thousand dollars.

PLANS for the new hospital for the Confederate Veterans' Home at Higginsville, Missouri, were adopted May 18. The State Legislature last winter appropriated fifteen thousand dollars for the hospital. The building will cost twelve thousand dollars, and the balance of the money will be used for furnishings.

MRS. ETHEL COSTELLO, a graduate nurse who was private nurse in Kalamazoo, Michigan, has by the will of an uncle of her husband become possessed of three hundred thousand dollars. Mrs. Costello, who is a widow, has for the past five years supported her little daughter by her profession.

A NEW recreation building for the use of the Sheppard and Enoch Pratt Hospital patients is being erected on the grounds of the hospital near Towson, Maryland. The structure will cost, when complete, about fifteen thousand dollars. A large lawn will be laid out around the building.

NEW YORK is building a State hospital in the Adirondacks, to cost one hundred thousand dollars, where patients with incipient consumption will be treated.

THE Sisters of Charity will erect a hospital in Montgomery, Alabama, costing seventy-five thousand dollars if the city will provide a suitable lot for it.

## OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF  
MARY E. THORNTON



### THE CONGRESS OF NURSES

THE Mayor of Buffalo will give an address of welcome to open our Congress proceedings, and the director of the Pan-American Exposition has fixed Saturday, September 21, as "Trained Nurses' Day" at the Exposition. These are indeed compliments beyond any we had expected.

The directors of the Woman's Union are arranging to give a reception for our guests on the afternoon of September 18. Their courtesy in the affairs of our convention has been great, and we will all be glad of an opportunity to meet them personally.

The Congress Committee repeats its notice that a collection of books, magazines, and papers written by nurses, also constitutions, by-laws, and reports of nurses' societies, will be exhibited in connection with the Congress, and all nurses are asked to send any such to Miss Damer for this collection. Two copies of each article are asked for.

Miss Damer, whose address is 55 Mohawk Street, Buffalo, will receive requests from nurses visiting Buffalo during Congress week to secure accommodations for them. Such requests should contain the exact date of arrival, with the time of stay. The committee desire to say that they have no connection with any other bureau or register for securing rooms. While all such may be and no doubt are entirely reliable, the local committee of the Buffalo Nurses' Association is independent of them.

American nurses who met Miss Mollett at the Nurses' Congress in England will be pleased to learn that she will be the delegate to Buffalo from the Matrons' Council of Great Britain and Ireland. The Superintendents' Society should have a special interest in Miss Mollett, representing, as she does, its English counterpart, just as our alumnae associations will, no doubt, feel a special proprietorship in Miss Waind, who will come as the delegate of the League of St. Bartholomew's Nurses.

Miss Cartwright, who is a graduate of St. Bart's, will represent the Registered Nurses' Society, and thus bring one more link to connect us with our fellow-workers.

Miss Keith Payne, matron of the Wellington District Hospital, New Zealand, consents to stand as honorary vice-president from New

Zealand on the Congress programme, though it is doubtful whether she can be present. Miss Payne holds a similar position in the International Council.

Mrs. Bedford Fenwick, Miss Mollett, and Miss Cartwright will leave England on August 29 by the Parisian, Allen Line, to Montreal, and will visit Canada first before coming to Buffalo for the Congress week. They will arrive in Buffalo on Saturday, the 14th, and later will visit Washington and Philadelphia, sailing from New York.

The Congress Committee desires to record its appreciation of the substantial help given to the cause of the International Nurses' Congress by the different nursing journals. They have all done much to stir up interest by their editorials and general policy as well as by the news they have given space to, and have materially aided the labors of the committee. The English journals have been especially active and responsive, and have spared no pains in making the Congress widely known.

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#### DATES OF MEETINGS

THE Associated Alumnae will hold its first business meeting in the morning, Monday, September 16, the Superintendents' Society will have a business meeting in the middle of the same day, and the International Council of Nurses will also have its first business meeting in the afternoon of the same date, all in the Woman's Union.

These first meetings are thus arranged to economize time, and leave Tuesday open for second meetings as found necessary. The International Council of Nurses will require a second meeting, and the Superintendents also, their constitution making it necessary.

The dates of the Congress proper are: Wednesday, 18th, Thursday, 19th, and Friday, 20th, the sessions beginning at nine-thirty A.M.

American nurses and general visitors will be charged an admission of fifty cents, good for the three days.

In answer to many inquiries we would state that the rate of lodgings in private families during the Exposition is the uniform price of one dollar per night. This does not, however, secure separate rooms. Good meals may be had for from twenty-five to fifty cents each.

The head-quarters for nurses during the Congress will be at the Woman's Hospital, corner of Georgia and Seventh Streets, where all will register.

All inquiries for accommodations are to be addressed to the "International Congress of Nurses, Committee on Accommodation, 55 West Mohawk Street, Buffalo."

Nurses are requested to engage lodgings as soon as possible.

**REPORT OF THE ANNUAL MEETING OF THE ALUMNÆ ASSOCIATION OF THE JOHNS HOPKINS HOSPITAL TRAINING-SCHOOL FOR NURSES**

THE ninth annual meeting of the Alumnae Association of the Johns Hopkins Hospital Training-School for Nurses was held in the Assembly Room of the Hospital on Saturday, May 25, 1901. An afternoon session only was held, as the greater part of the business affairs of the association had been discussed and carried through at the quarterly meetings held during the year at the Nurses' Club-House.

The meeting was called to order at two-thirty P.M. by the president. The minutes of the last annual meeting were read and approved. The minutes of the quarterly meetings were not read, as the most interesting items of these minutes were embodied in the president's address.

The president, in reviewing efforts and achievements of the past year, assured us that the new magazine the association had anticipated publishing had been very carefully thought out, and is now—theoretically—ready for publication.

Also, that the local association of nurses, the formation of which had been looked for within the past twelve months, is still in the process of organization.

We were reminded of the death of one of our members,—a very much beloved one,—Miss Ellen Wood, and that at her home at Mt. Kisco, New York, an association has been formed called The Ellen Wood Memorial District Nursing Association, and that one of our nurses, a member of her own class, has organized and is carrying on the work there.

During the past year the Association spent one hundred dollars in a share of THE AMERICAN JOURNAL OF NURSING, and donated one hundred dollars to the Columbia College, as well as fifty dollars to "The Ellen Wood Memorial District Nursing Association."

The reports of the following committees were read and accepted:

The report of the House Committee (governing the Nurses' Club); the report of the Registry Committee; the report of the Committee on Publications; the report of the visiting nurse, and the treasurer's report; the latter was received with great satisfaction, showing, as it did, the excellent financial condition of the association.

After the reports of these various committees, Miss L. L. Dock addressed the meeting on the subject of "State Organization for Nurses: its Advantages, and What had been Done in New York towards its Accomplishment."

In answer to a letter read from Miss Thornton, secretary of the Associated Alumnae, it was voted that the delegates of this association

to the meeting at Buffalo receive no instructions with regard to the question of establishing an auxiliary membership to the Associated Alumnæ, but be left free to vote as their judgment directs.

The meeting closed with a vote of thanks to Miss Dock for her very interesting address, and the election of the officers for the coming year and of the following delegates to the Congress to be held at Buffalo: Miss Rutherford, Miss Sharp, Miss Carr, and Miss Barwick.

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#### THE NEW YORK POST-GRADUATE ALUMNÆ

THE members of the Post-Graduate Alumnæ held their last stated meeting for the season at the club on Tuesday, June 4. Eight applicants were considered and elected to membership. While it is very gratifying to see the largely increased membership list, we cannot but feel, as we adjourn for the summer, that there are many more who should be with us, for, to quote from the paper read by Miss Dolliver at the First Annual Convention, "It has been suggested to me that the most evident duty of the local associations is 'missionary work,' and is this not true? How are we to enlighten a public as to our responsibilities and requirements, to increase our work in usefulness and honor, unless every one of us puts forth the best efforts towards reaching those graduates of her own school who are not yet alumnæ members and convincing them of their duty in this matter? So long as there is one graduate who is not with us we are weak by so much as her mind, character, and influence are valued at. We are members of our Alumnæ Associations not for personal benefit, but because it is our first duty to unite and organize for mutual protection and improvement, to set an ever higher standard of excellence, and to establish, so far as possible, better conditions for those who come after us."

For the first time since the organization of the alumnæ, it is our sad duty to record the death of a member, Miss Carmel Mary Murphy, who died at her home in the Province of Quebec during the week. One of the brightest and most promising members of the Class of 1901, it is difficult for those of us who saw her upon the night of her graduation to realize that the three years of training was not to fit her for our ranks but a higher life. It would seem that we needed her cheery presence, her contagious mirth among us, and she will be sorely missed.

"Resolved, That the members of the alumnæ hold in loving thought the name of Mary Carmel Murphy, who at the very outset of her career has been called upon to lay down her work.

"Resolved, That we her associates do extend our sincere sympathy to her family.

"Resolved, That a copy of these resolutions be forwarded Miss Murphy's family; that they be inscribed upon the minutes of the association and published in THE AMERICAN JOURNAL OF NURSING."

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DUTCHESS COUNTY GRADUATE NURSES' CLUB,  
POUGHKEEPSIE, NEW YORK

ON the afternoon of October 1, 1900, several graduate nurses of Poughkeepsie, New York, met together for the purpose of forming a county association. The following officers were elected: Elizabeth I. Burroughes, president; Martha T. Kamofski, vice-president; Mary J. Blass, secretary; Javinia Walker, treasurer. It was decided to call the association "The Dutchess County Graduate Nurses' Club." A constitution and set of by-laws were adopted placing the initiation fee at three dollars, with a monthly assessment of fifty cents. The room in which the meeting was held was rented from the Young Women's Christian Association at the rate of four dollars a month for one year. It has been prettily furnished by the nurses and their friends. On the reading-table will be found THE AMERICAN JOURNAL OF NURSING, the *Trained Nurse*, and the *Hospital Nursing Mirror*, besides several medical journals and other periodicals. We have now thirteen members. Our physicians have been most kind in giving us talks and lectures.

Dr. Grace N. Kimball opened the lecture course November 14 with a talk on "Professional Etiquette in the Sick-Room." Since then we have had lectures on the following subjects:

December 7, "Modern Surgery," Dr. J. E. Sadlier; December 31, "The Progress of Sanitation in the Nineteenth Century," by Dr. Elizabeth Thelberg, of Vassar College; March 13, "Homœopathy," Dr. John C. Otis; March 21, "Care of the Insane," Dr. Frederick Mann, of the Hudson River State Hospital; March 29, "Obstetrics," Dr. C. E. Lane; April 5, "Dietetics," Dr. Wood; April 12, "Our City Water," Dr. J. W. Poucher; April 26, "The Eye," Dr. Barnum; May 3, "Bacteria," Dr. F. Peckham; May 17, "Children's Diseases," Dr. J. H. Otis.

The average attendance at these lectures has been six, which is considered good, as all the members have been very busy, many having cases out of town. On Friday, May 31, Miss L. L. Dock, of New York, gave a most interesting talk on the "New York State Nurses' Association," "Registration," and "Nurses' Organizations in General."

A registry and a strong Advisory Board are among the things we hope to have in the near future. We feel that the club has already done much good, both from a social and an educational point of view.

**BELLEVUE ALUMNÆ ASSOCIATION, 1900—1901**

WITH the last meeting, May 16, closed a very prosperous, active, and encouraging year. Our meetings have been well attended, the members taking active interest in all matters under discussion. Delegates have been present at all meetings of the Albany Convention, and at the business meetings held at Buffalo in preparation for the National Alumnæ Association meeting to be held in September.

Some very interesting letters have been received from members in Cuba, Manila, South Africa, and from one who was travelling for pleasure over parts of Europe. Some who have returned from foreign fields have entertained us by relating their experiences and exhibiting curios gathered en route.

Also at the regular meetings a course of lectures was given by Mrs. T. J. Duryea upon "Life and Character Building," Mrs. Duryea being an exceedingly interesting lecturer.

During February and March we enjoyed weekly lectures, clinics, receptions, and entertainments under the auspices of the Associated Alumnæ of New York City. Several of the above were somewhat sparsely attended, owing to the fact that notices were received too late to attend. It is to be hoped that another year this difficulty may be remedied.

During the year three members have married, seven have resigned, and we have lost one by death. Fourteen new members have joined the ranks.

As yet our club-house is not in sight; but large bodies move slowly, and this is an important undertaking. The subject is slumbering, not dead.

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THE annual meeting of the Nurses' Alumnæ Association of the Presbyterian Hospital in Philadelphia was held in the lecture-room of the Hospital on Commencement Day, May 7, 1901.

Forty-two members were present, and as all were interested in the work of the association during the past year, the meeting was quite an enthusiastic one. Seventeen new members were added to the roll and the following officers were elected: Miss G. I. Milne, president; Miss C. E. Davenport, vice-president; Miss M. G. Revell, secretary, and Miss M. A. Dunlop, treasurer. Miss Annie H. Stirk, with Miss F. Longenecker as alternative, was elected delegate to represent the Alumnæ Association at Buffalo in September. It was unanimously agreed that a fair be held in November next, Thanksgiving week, to raise funds towards the completion of the endowed-bed fund. A letter was read from a former member, Miss Foster, Miraj, India, soliciting continued aid for the four chil-

dren at the Mission School who were supported and educated by the alumnae and their friends during the past year. A sum of sixty-three dollars and a half was collected for this purpose, and several of the members promised contributions later.

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THE Alumnae Association of the Orange Training-School for Nurses held the last meeting of the year May 15 at the home of one of the earliest graduates, Mrs. Frank Mann. Twenty-one members answered the roll-call. Miss Bertha Gardner was unanimously elected delegate to the Congress of Nurses to be held in Buffalo. Various matters were brought up and discussed with interest, and when the meeting closed the members were hospitably entertained by Mrs. F. Mann and Miss E. Pierson.

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AT the regular monthly meeting of the Alumnae Association of the Lebanon Hospital Training-School, held at the hospital May 1, Miss Madeline Cochrane was elected president and Miss D. A. Laffier secretary and treasurer. General business was transacted, and after having elected Miss Cochrane to represent the association at the Congress the meeting was adjourned.

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THE Alumnae Association of the New York City Training-School has elected Miss E. V. Burr, Miss I. B. Yocum, and Miss N. K. Mobbs as delegates to the Congress.

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THE Cleveland Association has elected Miss Smythe—alternate, Miss Johnston—as delegate.

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#### THE NECESSITY FOR THE DEVELOPMENT OF POST-GRADUATE WORK \*

"ONCE upon a time" there was a band of speakers going about the country addressing a series of meetings. One particular speaker was saved to break up the meeting and make the people wish to get away and go home. Such is my proud position here to-day.

\* Read by Miss Persis Plumer before the Third Annual Convention of the Nurses' Associated Alumnae of the United States, held at New York May 3, 4, and 5, 1900.

If this were the social meeting of the Blanktown Woman's Club, instead of a solemn gathering of serious-minded nurses, and some of the many guessing games were in progress, it would not be difficult to decide what book this paper represents.

If two papers on the same subject by two people writing independently are not "Twice Told Tales," what are they?

But without further preamble or apology, I will proceed to warm over what has been well said before.

My subject, "The Necessity for the Development of Post-Graduate Work," divides itself naturally into two parts.

First, the necessity. There is just as much need of trying to prove that two and two make four as to prove the necessity of post-graduate training to one who has thought about it. I am speaking now of private nurses, as they are the largest part of our profession, and training-schools were established mainly for that end.

Some of us are blessed with good memories; all, I am sure, are not blessed with good "forgetteries," as a little girl put it.

A private nurse, especially a successful private nurse, tends more and more to specialize, or work for some one or few doctors who have known and liked her work. In this way she gets accustomed to the little ways of each, and while practising some things over and over forgets a large part of what she once knew.

This, with the advance of medical science, and the constant changes it brings, makes the nurse of a few years back decidedly a back number.

The necessity for some method of keeping up with the times is not new, but its urgency is recognized more and more, as nursing ceases to be a new profession.

When I was in training, the venerable doctor, in our graduating address, told us trained nurses were a luxury. I think such a term would not be applied now.

Admitting its necessity then, for those nurses who were well and thoroughly trained in the beginning, but have grown rusty and need brushing up, what shall we say of the imperative need of further study for those whose original training was not all that could be desired?

The report of the Commissioner of Education for the year 1899 gives three hundred and eighty-eight training-schools for nurses in which eight hundred and one men and eight thousand and four women were enrolled as students, graduating during the year three thousand and twenty-seven nurses, New York leading with six hundred and seventy-four, Pennsylvania second with four hundred and forty-five, Massachusetts third with three hundred and ninety-three, and the rest scattered over nearly every State in the Union.

Of these three hundred and eighty-eight schools only twenty-six are represented in this association. One school reports a four-years' course, nine a two-and-a-half-years' course, and the rest two years, except some for special training. In many cases even this is shortened by the pupils being sent to private cases while in the school.

We cannot think too often and too much of what this flood of diplomas means to the future status of our profession.

What can be done to make every nurse's diploma stand for a certain degree of attainment and how to place that mark as high as possible are the great objects of the deliberations of this and all similar gatherings. For this we are advocating State registration, and the Superintendents' Association has been laboring for years for a uniform curriculum.

To make membership in our National Association stand for high attainment on one hand, and how to include those who most need its benefits on the other, are the Scylla and Charybdis between which we have had to steer in organizing.

Admitting the necessity then for post-graduate work, let us consider for a moment its development.

To gain information in this matter, about fifty letters were written to superintendents of the leading training-schools from Maine to California, asking if they had a post-graduate course for their own graduates or others, and if there was a demand for it among their graduates.

From all were received very prompt and full replies, for which I wish to express my deep obligation here and now.

These letters, almost without exception, had the same general purport. Graduates are waking to the need of post-graduate work in all the large cities where competition is keen, and are clamoring for some kind of opportunity to regain lost ground, as well as to add new material to their store of knowledge.

The only exceptions to this rule were a few smaller cities, like Baltimore and Rochester, where, the supply of nurses not exceeding the demand, they are kept pretty constantly employed, superintendents reported no great demand for post-graduate work.

In response to this demand, many of the schools allow their own graduates to return for two or three months and work in the wards. They receive meals, but no other compensation, the cramped condition of most nurses' homes making even lodging out of the question. The Boston City Hospital is the only one that I heard from that pays such pupils. Some, as the New Haven, require the nurses to pay board to the hospital. They work in the wards and observe what is of particular interest to them. This plan, while undoubtedly a benefit, is merely a make-shift, and is not an ideal thing from either point of view.

Nurses who have been their own mistresses (and masters) for years and have gotten out of the way of just the sort of hard work required are not an unmixed blessing from the head nurse's stand-point. While, on the other hand, the head nurse, who is usually a recent graduate, and who is fresh in all the current phraseology (and may I say hospital slang?) of the day often makes the older nurse feel her surprise that certain terms and methods are unknown to any properly trained person, and makes no secret of her poor opinion of such training as the unfortunate questioner must have received.

I do not remember any case where systematic class instruction was given to these nurses, so such residences in the school cannot properly be called a course.

So much for what has been started to brush up the old graduates. There remains to consider what post-graduate study can do for the imperfectly trained. For these we have the special courses, like the Eye and Ear Infirmary and Infants' Hospital in Boston, the General Memorial and Woman's Hospitals in New York, and various maternity and other courses in many places. A few months' post-graduate work in a large city and another hospital makes a wonderful difference to a nurse trained in a cottage hospital in some small town. She may not be as good as if she had spent all her time at a first-class school, but she will surely be much better than she was before.

Perhaps some day the small hospitals will take the relation to the large schools that fitting schools bear to colleges, and a training in them serve for the first year or so of work.

We lose so many splendid opportunities to learn in the daily struggle with unfamiliar duties in the first few months in the hospital! It is so hard to get the work done, we have little or no time to think what it all means, and it is only when the routine has become second nature that we open our eyes to the larger meaning of it all.

A few months' post-graduate work in another school is a good thing for everybody, wherever trained. No one place has all the advantages, and a knowledge of this fact is the surest correction to self-conceit, or school conceit.

I have shown, I think, that post-graduate work is necessary for the old graduate, for the half-trained graduate, and that it is a help to all graduates, old or new. That this necessity has caused a development of such work:

First, by the schools opening their doors to old graduates.

Second, by thirty-four post-graduate courses in special lines of work.

Third, by great activity in *alumnæ* associations along educational lines.

I believe the post-graduate work of the future will come into the hands of the alumnae, as lectures, demonstrations, and clinics are held now in some associations. Superintendents and trained teachers from the college course at Columbia could give the instruction, helped by the doctors, who have always stood ready.

When that day shall dawn, the school commencement will be truly a beginning.



## FOREIGN DEPARTMENT

IN CHARGE OF  
LAVINIA L. DOCK



### MODERN MOVEMENTS IN THE OLD WORLD

#### THE NURSING ASSOCIATION OF THE HAMBURG STATE HOSPITALS

By HEDWIG VON SCHLICHTING

Superintendent of the Nursing Department.

[We feel privileged in having the permission of the author of the following article to translate it for the readers of the JOURNAL. It was written for *Das Rothe Kreuz* of last February. Few American nurses realize how much harder is the work and how much longer are the hours of the average German nurse than ours; and only those who have come into contact with that tremendous weight of fixed custom will rightly estimate the courage and force of character shown by Fräulein von Schlichting in making this strong appeal for less hard conditions of work. We believe this is the first time that a German nurse has thus publicly urged a reform in hospital overwork, and the whole personality of the "Frau Oberin" of the Hamburg State hospitals, her peculiar and extensive power, responsibility, and influence over others, make her a strong champion of the overburdened but uncomplaining German "sister."

Fräulein von Schlichting is the daughter of a German officer of high rank. Her heart was set upon nursing from an early age, and she studied in the Augusta Hospital of Berlin, a nursing school open only to pupils of noble birth. She held several positions of responsibility before taking charge of the Hamburg hospitals, where she organized a modern training-school of special distinction.—Ed.]

THE development of social conditions has been such that the urgent necessity of self-maintenance presses to-day upon thousands of women, and it is therefore of the deepest importance that lay orders of nursing sisters should be multiplied, where women who do not feel called to renounce the world may find a career and a secure future, without having to submit to the restrictions of strictly religious orders.

Of such, one of the largest, and I think I may say one of the best organized, owing to exceptionally favorable financial conditions, is the Hamburg Nursing Association, which has now been in existence for five and a half years.

The fundamental purpose in establishing this nursing school was to improve the service of the public hospitals by creating a staff of refined and specially educated women for the care of the patients. Until 1895 there were only untrained attendants in the Hamburg hospitals. The New General Hospital at Eppendorf contains nineteen hundred beds, and in June, 1894, I was called to Hamburg to reconstruct the nursing according to the new system. After a year of teaching

and preparation the Nursing Association began its definite existence with thirty-five sisters and twenty pupils. An extensive exodus of the old attendants now took place, and in order to fill vacancies the opportunity for applicants to enter the school was made known all over Germany. Thanks largely to the liberal provisions of our organization plan, devised to meet the need of many women, it met with widespread favor, and applications were so numerous that a choice of the very best material was made possible. The association flourished most satisfactorily, and now numbers two hundred and fifty sisters.

The entrance-age is between twenty and thirty-five years. After one and a half years of probation and instruction, the appointment follows (as sister) for another one and a half years. [The full term is thus three years, and at the end of this time the nurse can sever her connection with the school. She then ceases to be a member of the "Verein" and loses its benefits. The greater number, however, remain in the "Verein."—Ed.] In the first half year as "sisters" they receive no salary, but in the second half year sixty marks (a mark is about twenty-five cents), and in the third one hundred and twenty marks. After that, for those who remain, the salary gradually rises with length of service to three hundred and fifty marks a year.

After ten years' service, in case of disability the sisters receive a pension of from eight hundred to one thousand marks, or if invalidated before ten years, a varying compensation is made by the Board of Trustees.

The sisters have their home without expense, and are cared for in illness. The hospital uniform of wash material is supplied upon entrance, and at the end of the first one and a half years the street uniform is also given.

Day and night duty are distinct; the first lasts from six A.M. to nine P.M., with an hour off after dinner. Once a week a half day is given from two P.M. to midnight. The night nurses are on duty from nine P.M. to nine A.M. Their time off is given on Sunday and Monday, the night nurses being relieved by the day nurses at midnight on Sunday, so that each has just half the night.

The sisters have a yearly vacation of four weeks. The care of the association has been extended to one after another of the State institutions, until now it has charge of the nursing in the Lying-In Hospital, the Asylum for the Insane, a sanatorium for phthisis, and the old General Hospital. Our sisters have also been called outside of Germany, in Trebchen, in the German Hospital in Buenos Ayres, and in the Turkish University Hospital in Constantinople. They are under the direction of a German physician, who teaches medicine in the university. The nurses also are there as teachers. Their work is to train Turkish soldiers as military hospital orderlies.

For four years past the Colonial Nursing Association has sent its sisters to Eppendorf to be trained.

In November, 1899, six of our sisters went to the field in the Transvaal at the request of the Central Committee of the Red Cross.

These varied fields of work are a delight to me, and bring refreshment by their variety.

Provision is also made for the recreation and rest of the nurses. Their monthly vacations may be taken without cost at a seaside place where the association possesses a cottage. In their hours off duty the nurses' home—Erica House—offers comfortable rooms, with piano and library, where those beyond reach of their own families may yet spend homelike hours. In off-duty time the nurses are allowed every freedom which a well-bred woman may desire. Concerts and visits to the theatre are encouraged, and I am glad to see them interested

in things which have no connection with hospital work. In 1895 a singing-society was formed among the sisters, practising weekly; and from time to time popular lectures on educational or scientific subjects are given. Extra time is given on Sunday to those who wish to attend church, but this is not compulsory. In my opinion the truest religion is shown in practical, helpful service and faithful discharge of duty.

That our hospital patients are better nursed since the oncoming of our sisters is a foregone conclusion. The anticipations of its founders are fully realized,—a proof that care and consideration for the nurses are closely related to the interests of the hospital.

From the beginning I have held it to be my duty, in and through our association, to work as woman for women. That in this constant endeavor I have had the powerful support of many influential men of Hamburg, especially Senator Dr. Lappenberg and the directors of the Hamburg institutions, I must now gratefully acknowledge. Only through the warm interest shown on many sides in our nurses could the various provisions for their comfort have been obtained. Much has been done, but much yet remains to be done.

Let us follow the life of a nurse for a brief period of observation. Fourteen to fifteen hours daily make up her working time, and after this work is done, in the scanty time "off duty," with its excessive physical exertion and its continual drain upon the sympathies and the nervous energy, the craving for rest overbalances every other desire. After becoming a "sister" the human creature has no more rights. There are, it is true, nurses who find entire happiness in their work, but far greater is the number of those who, in spite of all its interests, in spite of the satisfying consciousness of duty fulfilled, miss something, and long with an unexpressed longing to have something more of life; and this longing is natural and reasonable, for man is a many-sided being. Late in the evening the sister seeks her room, her thoughts still bent upon the completed work of the day. One task has pressed hardly upon another. "Have I neglected nothing? Is all left just as it should be?" "Have I realized all the responsibility of my calling?" One must indeed summon all one's energies to be a really good sister.

There are the almost forgotten letters from home—from friends. "I have sent them no word for so long a time, and I so much enjoy being with them a short time in spirit, at least. To-day it is so late, I am so tired, but to-morrow I,—yes, then I will make up for all neglect."

But to-morrow it is the same, and the next day, and the whole week. And as it is with the letters to distant friends, so with other things. "When shall I ever find time to read!—to give a quarter of an hour to my beloved music? How I would enjoy a little taste of art. I have, to be sure, one free half day in the week. How fortunate that now I can hear a good concert, or go to a classic play. I will go to the play."

But the hoped-for pleasure is spoiled through weariness. At midnight to stretch one's self upon one's couch seems the only thing worth while. "If it were only not so hard to rise after five and a half hours' sleep. The next half day I will be more sensible. I will rest myself well; perhaps I will take a walk. How long it is since I have enjoyed the woods and meadows, the blue sky, the sunshine! But my world is now the ward and my little room. How is it that I cannot always realize this?"

Can now those who, standing apart from the life of the nurse, consider it objectively, comprehend why it is forced into so narrow a groove? The sister must almost completely give up family, friends, and outside interests. She

becomes more and more one-sided, and the consciousness of being behind the times, the left-out feeling when with people of wider outlook, together with the increasing lassitude of every year's work, reduce her finally to a condition of dulness.

The wish to carry on her work, which she truly loves, under easier conditions is indeed there, but she lacks the mental elasticity to struggle against circumstances, especially when to do so might risk her livelihood. These are the reasons why it is so seldom that a voice is raised from the ranks of nursing sisters. From my long service as head of a nursing staff I can assert that many distressing complaints reach my ears, and every year the conviction grows stronger that the old system must not be allowed to continue.

The fear will be expressed on many sides that if a nurse is able to cultivate outside interests her work will deteriorate. I believe, on the contrary, that her cheerful devotion to her work is often lost or changed to a spiritless routine, as a result of the excessive drains now made upon her strength. Health and physical and mental freshness are due to our work. Everyone knows the tonic influence of a cheerful, vigorous, and sympathetic personality upon the sick. It is being acknowledged in all branches of labor that rest and recreation are necessary if one will bring fresh energy to one's work. Why may not this principle be carried into nursing?

Many who wish to study nursing are by its hardships compelled to decide against it, and to vary the theme at the beginning of my paper, I can say that many more educated women would find in it a congenial occupation if a reformation in the system of work were possible. That this reformation must come slowly I well know. In Germany the best intentions must often wait for the necessary financial means. But it is a good sign when the general public begins to feel interest in the nurse's work and life. When that happens liberal minds will advocate more humane conditions and the nurse's labors will be mitigated. I hope that the Hamburg Association, which, though young, has already so much to be proud of, may become more and more emancipated.

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## LETTERS

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### LETTER FROM ITALY

(Continued from page 600)

OSPEDALE CLINICO, NAPLES.

... I will not close without stating that during the year we have had about twelve or thirteen calls for nurses, both for private and hospital work. Of course, the pupils were not allowed to go, being still at the commencement of their training.

The only nursing they have attempted outside the hospital has been at the High School, of which the Princess is president, or in the homes of their own relations. In every case, except one which happened to be a case of measles, they have been obliged to attend the hospital as usual. The cases nursed were as follows: a typhoid case, of which my pupil took the night duty; a case of blood-poisoning from tainted fish; endometritis with profuse hemorrhage; malignant tumor of the thoracic cavity; uræmia (night duty); meningitis (night duty); the epidemic of measles above mentioned, in which my little pupil was isolated

for five weeks. In all these cases I was obliged to supervise the work of my pupils, which did not tend to lighten my labors; but I must assume that the work gave satisfaction, since in almost every case either the doctor or the family have taken the trouble to acknowledge the work done.

To illustrate further the difference between social customs in Italy and America and the influence which they exert on social life, I will mention that during the year I have had to deal with two flirtations between nurses and doctors. Now this may seem of no importance to Americans, but in our case the incidents nearly wrecked our fragile barque. . . . .

It is significant of the opinion in which flirtations are held, when not carried on under the direct ægis of the parents, that the director, when he heard of them, behaved as though the affairs had brought dishonor on the whole institution. It was with the very greatest difficulty that I persuaded him not to discharge the whole staff of the assistant doctors, twelve in number, for the offence committed by two only. My pupils being very young, I honestly believe them not to have been so much in the wrong as the doctors who had dared to admire them from afar; but I could only save them by keeping them out of the way for days after, and as it is, they must take lowest rank for months to come.

You will have realized by now that since the feasibility of a lady-nurse remaining unchaperoned in the wards is denied to us in the first place, there are greater difficulties in the way of conducting the work of the hospital with trained nurses of the educated class than at first appear. I confess that I do not yet see my way to it. In private houses, where, unless they were married women to begin with, they would nurse women only, there is more probability of success, but here too I anticipate difficulties.

To overcome these the Princess is organizing a system by means of which the nurse will be watched over and only permitted to accept cases after the society had explored the ground. A few love-affairs of the kind mentioned above, though innocent enough in Anglo-Saxon countries, would in Italy ruin a serious undertaking such as ours is to its very foundation. "Si Romæ fueris, Romano vivito more."

GRACE BAXTER

(Graduate of the Johns Hopkins Hospital).

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We are glad to have the following explanation, and hope to give later some of the Danish law relating to Sick Funds:

"DANSK KVINDERÅD, KOBENHAVN, May, 1901

"DEAR EDITOR: In reading the April number of your splendid *AMERICAN JOURNAL OF NURSING* I see that you take some exception to the paragraph in the constitution of the Danish Nurses' Association as to the disbanding of the association.

"I should like to draw your attention to the fact that it is quite a usual thing in the constitution of a Danish association, as you will see from the 'Law on recognized sick-clubs' of April 12, 1892,\* giving regulations for the support which the Danish State tends to every sick-club whose members have not great means. Section 25 of this law contains the following regulations:

\* A copy of which I send by book-post.

"The by-laws of a recognized sick-club shall be attached to every member's booklet, and they shall contain the following points: name, etc., general meeting, etc., accountants, etc., the use to be made of the surplus, especially at the disbanding of the sick-club,' etc., etc.

"I should like to give my name as the 'thoughtful friend' who sent you the constitution in questions, but being very busy at that moment, I was not 'thoughtful' enough as to write a letter with it.

"I am very sorry that I shall not come to your Buffalo Congress, but I shall be very happy to read of the proceedings.

"Believe me cordially and admiringly yours,

"CHARLOTTE NORRIE,

"Councillor International Council of Nurses."

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### OUR FOREIGN EXCHANGES

THE Foreign Department is happy in its exchanges with the different foreign nursing journals. The *League News* of the St. Bartholomew's League of Nurses comes twice a year, looking indeed like our own cousin in its green and black, and is a complete model of all that an alumnae journal should be. We commend it to one or two of our organizations which, we hear, are thinking of starting their own school journals. The two Holland journals, *Nosokomos* and *Maandblad*, come monthly, and both seem interested in keeping their readers posted as to English and American nursing affairs.

The *English Nursing Notes* also comes monthly, and as this magazine represents officially six large associations and, indirectly, a numerous body of English nurses, it is greatly to be valued for the information to be gained from it as to the many activities and undertakings of its members.

The *Nursing Record* comes weekly, and is quite widely known in this country. It is a delightful companion, and presses home the conviction that a weekly journal has an advantage over a monthly in that it is able to give a full and uncut panorama of passing events.

We hope to include the *Nurses' Journal*, the organ of the Royal British Nurses' Association, in our list, and then we shall have all the nursing periodicals of Great Britain.



## BOOK NOTICES



NURSING ETHICS, FOR HOSPITAL AND PRIVATE USE. By Isabel Hampton Robb.  
Cleveland: J. B. Savage, 90 to 92 Wood Street. 1901.

The literature of nursing has received in this small volume an important and much-needed contribution, one which will be helpful alike to the superintendents of nursing schools, to the pupils, and to the graduate nurses in their subsequent work. While books dealing with the practical or technical side of our work are being brought forward with some frequency, this is the only attempt, so far as we know, to deal with the subject of nursing from another and equally important stand-point. As its title, "Nursing Ethics," indicates, this is a book which deals with that vital part of nursing work,—character—personal and professional. Hence we naturally find at the outset a careful, thoughtful consideration of nursing as a profession, its great importance and increasing responsibilities, and of the requirements from a moral, physical, and educational stand-point of those who should enter it. Personal attributes, habits, and manners are factors upon which success in nursing largely depends, and professional skill is of little use unless supported by a full appreciation of their importance. "Etiquette," says Sydenham, "with all its littlenesses and niceties, is founded upon a central idea of right and wrong which gives significance and worth to the most trifling act."

To secure a wider recognition of the necessity of attending more carefully to all of these points in the training of nurses is undoubtedly the author's desire in publishing this book, and her method of dealing with so difficult a subject is admirably calculated to accomplish her object. The nurse is carried through various stages of her work as probationer, junior, senior, and finally as head nurse, and is instructed with the utmost faithfulness and minuteness of detail as to her duties and responsibilities under almost all conceivable circumstances.

Her relations to those about her with whom she has to do, her patients, teachers, fellow-pupils, the school and hospital, are handled with a fulness of knowledge which comes only from long and varied experience, such as the author is fortunate enough to possess, and a further outcome of this experience is found in an amount of intimate personal advice to the nurse which should prove of the greatest benefit to those for whom it is intended.

Some idea of the care which the author has bestowed upon every aspect of her subject may be gathered from a glance at the various points which are considered in one chapter. Here we find interesting suggestions as to the training and control of the voice, speech, and touch, the eye, and even the expression. We cannot see where a word could be added with advantage. Following this comes a most valuable chapter on personal hygiene, a matter concerning which nurses are often surprisingly indifferent.

Where all is so uniformly good it is hard to discriminate, but a word of special commendation must be given to the chapter entitled the "Head Nurse," and to the two very excellent final chapters relating to the work of the graduate nurse in its various branches. No nurse could read these without acquiring new ideas of the gravity and responsibility of her calling, and without taking away

an amount of advice, suggestion, and instruction which should prove of lasting benefit. As a basis for systematic instruction the book should be helpful to superintendents and teachers in training-schools, for while much of this nature is given continuously in all schools worthy the name, yet there have been probably few attempts to bring it into line with those subjects demanding regular, thorough, detailed teaching. Anything Mrs. Robb writes is sure of the attention of the nursing profession. She writes clearly, earnestly, and with a definite purpose. Her book should have a wide circulation.

M. A. N.

HOW TO COOK FOR THE SICK AND CONVALESCENT. Arranged for the physician, trained nurse, and home use. By Helena V. Sachse, graduate of the Philadelphia Cooking School. Philadelphia: J. B. Lippincott Company.

FOOD FOR THE SICK, HOW TO PREPARE IT. FOOD FOR THE BABY. By Edwin Charles French, M.D. Louisville: John P. Morton & Company.

The modern nurse, to be successful, must give unremitting attention to food materials, the processes of nutrition, and the art of preparing the proper foods in the right way. Too long neglected, the science of cookery is now daily advancing to its proper place as the foundation of the maintenance of health and restoration from diseased states. The two books before us should both be of great value to the nurse, and though not so intended, would make excellent mates for the diet-school shelf, as their arrangement is such that they seem complementary to each other.

Dr. French's book gives a table of the different diseases the nurse will be called to care for, with a brief account of the digestive condition as affected by the disease, and the reasons why certain foods must be given, followed by a list of the articles of diet allowable in each case, both foods and drink. This is very valuable to the private-duty nurse, who is often left with full responsibility of catering for the patient, and is often uncertain whether such and such an article may be given. Dr. French also gives recipes, only attempting to cover the ground called for in his disease tables.

Miss Sachse assumes that the nurse knows what types of foods patients need, and she has devoted herself to telling how to prepare every imaginable kind of nutrient and restorative food, with such success that the reader experiences pangs of hunger and almost wishes to be an invalid. The recipes are given a very attractive form and appearance, and a great variety of modes of preparation are described, as, for instance, five different ways of preparing scraped beef are given, all dainty and delicious.

The soups and drinks also are especially nice, and the nurse who has a taste for cooking will find unlimited satisfaction in exploring this very prettily gotten-up cookery book.

L. L. D.



## EDITOR'S MISCELLANY



### POINTS OF INTEREST IN AND ABOUT BUFFALO

MANY of the readers of THE AMERICAN JOURNAL OF NURSING no doubt intend to be present at the International Congress of Nurses to be held at Buffalo September 16 to 20 of this year. Some who are strangers to the city and its vicinity may wish information as to the points of interest in and about Buffalo, and may find the following notes of some value:

#### PAN-AMERICAN EXPOSITION.

Of course, our chief pride in 1901 is our Pan-American (All-American) Exposition. This, as most of you know, is an International Exposition of the countries of North, Central, and South America. It is the first International Exposition ever given exclusively by the American nations, and its primary purpose is to promote the social and commercial relations of the Western Continent. It contains only (the Midway excluded) the exhibits of the Americas, showing their natural resources and their commerce, their industries and their arts.

The site covers three hundred and fifty acres of ground, including one hundred and thirty-three acres of Delaware Park. The most beautiful approach is through Lincoln Parkway. The buildings, with their Spanish-American architecture and beautiful colorings, will be long remembered, while the nightly electrical illuminations transform the place into a veritable fairyland.

#### NIAGARA FALLS.

Buffalo's greatest and most famed neighbor is Niagara Falls. The Falls are twenty-two miles from Buffalo and may be reached in three different ways—by boat, by trolley, and by train. The New York Central Falls trains leave the Central and Terrace Stations at frequent intervals, making the run to the Falls in fifty minutes. Fare for the round trip fifty cents.

The Niagara Falls electric cars leave the corner of Main and Niagara Streets every half hour, reaching the Falls in one hour and a quarter. Return fare fifty cents.

The third route is by boat from the foot of Ferry Street at ten A.M., two P.M., and four P.M. The river trip is very pleasant. At Schlosser's Landing, a short trolley-ride completes the journey. Time, one hour and a quarter. Fare and return fifty cents. The Falls should be viewed from both American and Canadian sides. Fare to cross bridge and return fifteen cents. The principal points of interest are:

1. The trip on the Maid of the Mist, fifty cents.
2. Drive about Goat Island, from fifteen cents up.
3. Elevator and trip under Horseshoe Fall, fifty cents.
4. Rapids and Whirlpool, reached by trolley.
5. The Niagara Gorge Road.

## THE NIAGARA GORGE.

To see this the Niagara Gorge Trolley Railroad must be taken. Fare from Buffalo and return one dollar and fifty cents; from the Falls one dollar. This ride, if begun at Buffalo, extends the entire length of the Niagara River to Lake Ontario. It is one of the most picturesque trips in America, including points of historic interest on both American and Canadian shores, viz., Chippewa, Lewiston, Queenston Heights, and Brock's monument.

## TORONTO.

If desired, instead of the return trip, a steamer may be taken at Lewiston or Queenston to cross to Toronto. The trip to Toronto from Buffalo and return may be made the same day. Regular fare by boat between Buffalo and Toronto one way, two dollars. Lower rates on special excursion dates and public holidays.

## ST. LAWRENCE TRIP.

From Toronto the trip to the Thousand Islands or to Montreal, Quebec, or the Saguenay, may be taken by the Richelieu and Ontario Navigation Company's line of steamers. Other routes are from Buffalo via New York Central Railroad to Charlotte, and thence by steamer of the Lake Ontario and St. Lawrence River Day Line or the Lake Ontario and Bay of Quinte Steamboat Company, or a morning or evening train on the New York Central Railroad to Clayton, where boat connections are made.

The entire St. Lawrence trip occupies about one week, exclusive of stop-overs. The favorite route is from Toronto via the Richelieu and Ontario Navigation Company. The rates are:

From Toronto to Alexandria Bay (Thousand Islands)	
and return.....	\$9.00
From Toronto to Montreal and return.....	16.70
From Toronto to Quebec and return.....	20.00
From Toronto to the Saguenay and return.....	27.00

The St. Lawrence is a most novel trip for Americans, with the famous rapids, quaint French sights and customs, and historic walled Quebec.

## CHAUTAUQUA.

The oldest and most famous summer school of America is about two and a half hours' ride from Buffalo via the Western New York and Pennsylvania Railroad to Mayville or the Erie Railroad to Jamestown. From these points a steamer crosses the lake to the Assembly Grounds. Fare for the return trip three dollars and fifty cents. The regular season lasts from July 1 to September 15. Reduced rates for excursions are not yet announced, but Wednesday and Sunday excursion rates have been as low as one dollar.

## EAST AURORA.

This village has been made famous by Elbert Hubbard and his Roycroft Shops with their beautiful hand-made books. A visit to the workshops is most interesting, and few can resist the dainty volumes put forth. *The Philistine, a Periodical of Protest*, issues from the same source. East Aurora is eighteen miles from Buffalo. Return trip via Western New York and Pennsylvania Railroad, ninety-two cents.

## THE GREAT LAKES.

One of the most restful trips in America is that of the Great Lakes. It is, however, scarcely advisable to take it strictly for pleasure later than the middle of September.

On the Northern Steamboat Company's boats, the Northwest and Northland, the tour may be made in little less than a week. These boats are first-class floating hotels. The fare from Buffalo to Duluth one way is sixteen dollars; return trip twenty-eight dollars. This does not include berth or meals. Berths range from four dollars and fifty cents a berth, or ten dollars and fifty cents per state-room and up; this for one way. Meals are served *à la carte*. These boats carry passengers only, make but brief stops, except at Buffalo and Duluth, and sail only from the middle of June to the middle of September.

The Anchor line boats make the Lake trip, making more frequent and longer stops, covering thirteen days. The stay at all points of interest is from four to six hours, if not delayed by bad weather. Their ports are Erie, Cleveland, Detroit, Port Huron, Mackinac, Sault Ste. Marie, Marquette, Portage Lake with its famous copper-mines, and Duluth. Fare for the round trip fifty dollars.

This is our "great unsalted sea" voyage, and has the advantage of most sea voyages in that one is never away from land more than twenty-four hours at a time. So that if necessary one may quote the words of the singer "Oh, Mister Captain! stop the ship. I want to get off and walk."

LOIS MASTIN DIEHL,  
32 West Genesee Street, Buffalo.

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MISS ANNA RUTHERFORD, one of the Johns Hopkins Hospital graduates, and Miss Anna L. Alline, in charge of the course in Hospital Economics at Columbia University, are taking the six weeks' course of the Summer School in Philanthropic Work conducted by the Charity Organization Society in New York. The requirements for admission are a degree from university or college, or one year of service in philanthropic work, with a certain amount of preliminary reading. A registration fee of ten dollars is received.

The Charity Organization Society has found this course so much appreciated, that it is proposed to enlarge the scope of the work and extend the course to one year.

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A CORRESPONDENT WRITES:

"The recent appointment of Miss Anna Rutherford, a graduate of the Johns Hopkins Hospital, Class of '91, to the position of general secretary of the Henry Watson Children's Aid Society, Baltimore, is one of those significant signs of the times which should not go unnoticed. Nurses generally cannot fail to observe the growing tendency of late to turn to the nursing profession in searching for suitably trained women to fill many important and responsible positions such as the one alluded to. There are certain branches of charitable and philanthropic work for which the sound practical training of the nurse should render her admirably fitted, and among these it is obvious that there is hardly any more vital branch than that which deals directly with children. In every large centre of population it is desirable that there should be some society or person to interpose in behalf of such children as are exposed, not only to neglect or cruelty, but

to vicious and degrading teaching and influences through the evil conduct of those with whom they live. To remove these children from such homes and surroundings, to find good, healthful, suitable foster-homes for them, and to maintain a watchful supervision over them as long as may be necessary, is to influence directly for good thousands of young lives and to put in the right way numbers of boys and girls who might otherwise go to swell the criminal population and become menaces to society. Like all work of this nature, zeal and enthusiasm on the part of those concerned in its direction are essential factors, but these must be combined with thorough training in the practical affairs of life and with good and wise judgment.

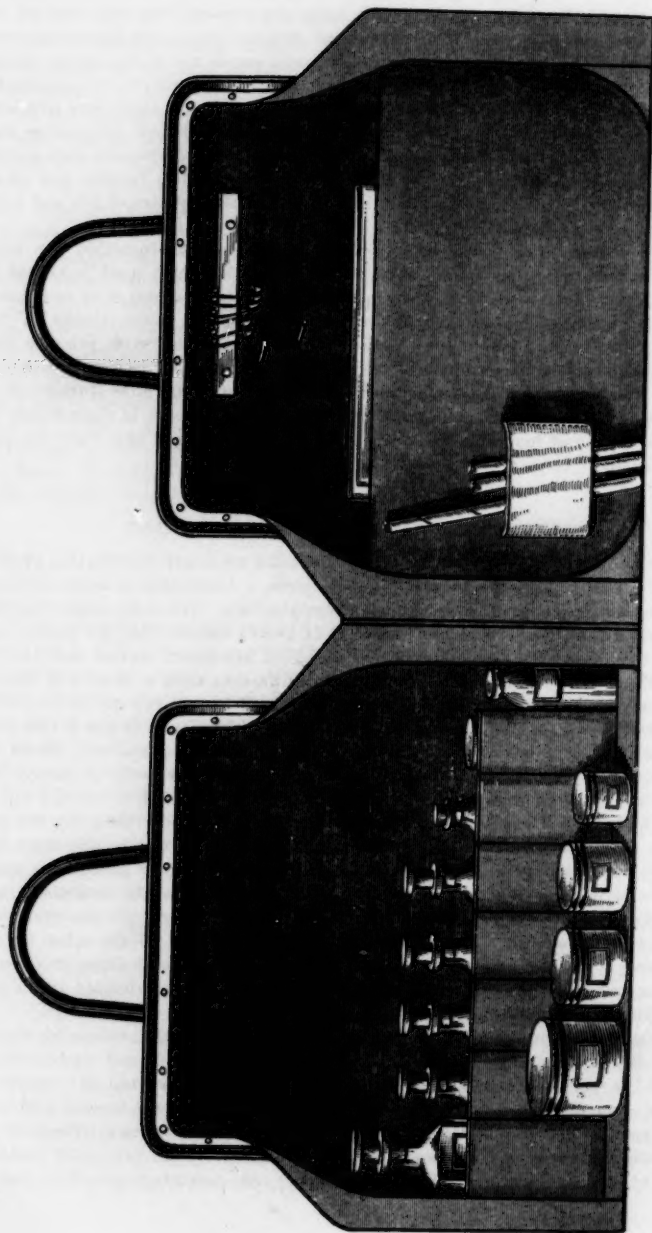
Miss Rutherford's prolonged experience in nursing has furnished her with the careful training and a foundation of experience by which good judgment is formed. She was two years at work in Rome, three years in charge of wards and as night superintendent in the Johns Hopkins Hospital, some months in the Nurses' Settlement, Henry Street, New York, and her latest work prior to this appointment was a most successful year in charge of visiting or hourly nursing, during which time this particular work made great strides. Miss Rutherford is now responsible for the selection of proper homes and for care in these homes of between three and four hundred children, and we feel assured that they are safe in her hands."

#### NURSES' SETTLEMENT DISTRICT BAG

THE Nurses' Settlement in New York has after much experimentation evolved a district nurses' bag which seems quite complete, a description of which follows:

The bag is modelled after a Boston shopping-bag, with some slight changes. It is wider, and has square box ends. It is twelve inches long, five and a half inches wide, and nine and a half inches high. It has brown leather ends, brown cloth sides, and is lined with brown linen. It fastens with a strap and buckle, which admits of extension when necessary. A small leather tag can be used with the nurse's name for the sake of convenience if several bags are in use in one place and are uniform in color. The inside of the bag is fitted up as follows: There are nine straps on one side of different sizes to hold the bottles firmly in place. The straps are made of linen and are quite wide and stiff, so they do not get out of shape with use. There is room to slip a dressing-towel under them for the protection of the bottom of the bag. Over the straps high up on the side there is a linen strap for safety-pins fastened on two buttons, and narrow enough for small-sized safety-pins to slip over it. Either end of the strap can be unfastened, and as many large or small safety-pins slipped off as are needed. On the other side of the bag there is one long pocket running from one end to the other for the stationery. On one corner of that is a wide, stiff strap for holding the pencil, spatula, scissors, and two thermometers. The bag can be carbolized inside and out. The contents are as follows:

One three-ounce bottle for alcohol; five one-ounce bottles containing respectively listerine, whiskey, glycerine, tincture of green soap, and carbolie acid, ninety-five per cent.; one wide-mouthed bottle with screw-top for bichloride tablets; one one-ounce wide-mouthed bottle with screw-top for boracic acid powder; small screw-top bottle for cascara tablets; one two-ounce porcelain jar containing boracic acid unguent; two one-ounce porcelain jars with ichthyol unguent, ten per cent., and Thiersch powder; one one-ounce porcelain jar for



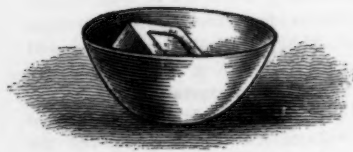
Nurses' Settlement District Bag—Interior view



District Bag ready for service



Linen Bag for Dressings and Bandages



Bowl



Bottle and Jar

special dressing containing iodoform, balsam Peru, etc.; half-ounce porcelain jar for vaseline; one white-enamel bowl, used as soap-dish and measure, holding six ounces; one cake of soap; nail-brush; hand-towel; apron of light-weight muslin, made like a butcher's apron; white-enamel funnel; spatula; pencil with tip; two thermometers—rectal, mouth; scissors; instrument case of linen, containing rubber and glass catheters, a syringe and a dropper of glass, forceps, probe, and wooden picks; toilet powder in shaker; safety-pins, large and small; linen bag for gauze and unbleached bandages; linen bag for dressings, containing gauze rolls, absorbent and non-absorbent cotton, linen, and pads; stationery, consisting of bedside notes, brown envelopes in which to keep them, and pad; rubber tissue; adhesive plaster.

The bottles are labelled on the side and on the stopper for convenience, and the labels can be varnished.

The linen bags for the dressings and bandages are made of heavy brown linen ten and a half inches long by five and three-quarters inches deep. This shape makes the contents of the bags most accessible. They are drawn up with tapes. The instrument case is made of the same material and is double. It is twelve inches long, including the point that folds over, and eleven inches wide, which allows for a small piece to fold over at each side. It has one pocket for holding the rubber catheter, which measures five and a half inches long by three and a quarter deep. The instruments are held in place by a strip of the linen two and a quarter inches wide, instead of by tapes. The bag, exclusive of the fittings, costs three dollars and fifty cents.

M. M. B.

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It is with surprise and regret that we notice in *Charities* the following editorial comment on the Cook County Hospital management in Chicago:

"The appointment of Mr. Daniel D. Healy to the position of warden of the Cook County Hospital in Chicago is the result of an investigation recently made of that institution, in the course of which many glaring abuses were discovered. The Investigation Committee demanded a more centralized responsibility in the management of the hospital, and especially that a physician be appointed to supervise the medical care of the patients. Certain charges of cruelty and neglect of patients were not sustained by the investigation, but it was made plain that such evils were possible, since the nurses were responsible to no one save to the Illinois Training-School for Nurses, which supplies them to the hospital under contract."

*Charities*, as we all know, is naturally on the side of good morals and pure management of public institutions, but this editorial has gotten so entirely the wrong idea that the effect, to those acquainted with the County Hospital, is actually bewildering.

The management of the hospital is so notoriously corrupt that undoubtedly glaring abuses could always be found in it. The warden alone is often powerless to remedy them. A system of the most unblushing spoliation and greed and indifference to the public claims are the primary and glaring abuses which are always crying to heaven to be discovered in the County Hospital of Chicago.

As a matter of fact, the warden, who has just been deposed by a most shameless piece of political manipulation, Mr. Graham, was the best warden the hospital has ever had, so far as the care of the sick was concerned, and the

most strenuous efforts were made by the best medical element to have him retained, but vainly. He has had to go.

The one pure, clean element in the County Hospital has always been the Training-School for Nurses, under the management of a board of women known over the whole country for high-minded intelligence and disinterested reform work of all kinds. Absolutely free from political influence, it has been supported in the hospital by public opinion, and the Commissioners have never dared openly to outrage that public by discontinuing their contract with the school, although yearly these same underhanded attempts are made to shake public confidence in the one department which is controlled by the merit system. The political element desires, more than anything else, to replace the nurses of the Training-School by the friends of their own henchmen; it would oblige a hundred and seventy-five friends, and would distribute quite a good many thousand dollars a year among their own kind of people. This money paid to the Training-School does not cover, by the way, the cost of the nurses supplied to the hospital. To read, then, that "such evils (as cruelty and neglect of patients) are possible, since the nurses are responsible to no one save the Illinois Training-School," is like being told that the work of the Charity Organization Society would be more responsible if managed by Croker.

It is quite true that occasionally a nurse is found to be unprincipled; even, it may be, hard-hearted and unkind to patients. But when under the control of the Illinois Training-School such women are promptly weeded out, whereas under the County Commissioners they would remain and their faults would be covered up.

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THE last report of the Chicago Visiting Nurses' Society is very interesting, and should be read by all engaged in similar work. The entire organization is conducted by women, and its work and results reflect the greatest credit upon their management. The association employs fifteen hospital trained nurses, who cover the whole city in their districts. Emergency attendants are also employed, of whom the report speaks as follows: "We have now a corps of twenty emergency attendants. The service of these women is invaluable; they are not skilled; the association does not claim this. That the people should not require of these more than they profess to know it was thought best to issue notices to the doctors and the public as follows: 'The association sends out this attendant, who does not claim to be a trained nurse, but is experienced in the care of the sick. Her charges are from seven dollars to twelve dollars per week, according to circumstances. She is supervised by the graduate nurse in charge of the district. The responsibility of retaining her must rest with the doctor and the patient.'

"In this branch of its work the association does two things—helps these women to earn their living and gives the wage-earner an opportunity of having nursing care, for which he would not be able to pay graduate nurses' prices. In many ways we regret that State Registration for nurses will oblige us ere long to do away with this branch of our work, for too many are usurping the rights and privileges of women who have given money and time for their profession, and these same women should be relegated to the positions from which they came or forced to give the time to a proper hospital course."

## CHANGES IN THE ARMY NURSE CORPS



### CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING JUNE 6, 1901

BERRIDGE, MARY R., formerly on duty at the Second Reserve Hospital, Manila, Philippine Islands, discharged from the Corps.

Danford, Caroline L., transferred from the Military Hospital, Dagupan, to the First Reserve Hospital, Manila, Philippine Islands, awaiting transportation to the United States.

Deasy, Mary C., transferred from the Military Hospital, Lucena, to the First Reserve Hospital, Manila, Philippine Islands.

Duckworth, Lottie B., transferred from Santa Mesa Hospital to transport duty en route to the United States. At home on waiting orders.

Fairbanks, Helen G., under orders for transfer from the Military Hospital at Nueva Caceres to the First Reserve Hospital, Manila, Philippine Islands.

Gertsch, Bertha M., under orders for transfer from the Military Hospital at Nueva Caceres to the First Reserve Hospital, Manila, Philippine Islands.

Hinkle, Julia, formerly on duty at the Military Hospital at Dagupan, Philippine Islands, discharged.

Lindley, Laura L., transferred from the Second Reserve Hospital, Manila, to the Convalescent Hospital, Corregidor Island, Philippine Islands.

Pickel, Helen M., transferred from the Military Hospital at Lucena to the First Reserve Hospital, Manila, Philippine Islands.

Redecker, Henrietta L., under orders for transfer from the Military Hospital at Nueva Caceres, Luzon, to the First Reserve Hospital, Manila, Philippine Islands.

Reed, Augusta G., transferred from the Santa Mesa Hospital, Manila, Philippine Islands, to the Military Hospital at Dagupan, thence ordered to the First Reserve Hospital to await transport duty to the United States.

Robbins, Annie A., formerly chief nurse at the Santa Mesa Hospital, Manila, discharged.

Salter, Marguerete, transferred from the Santa Mesa Hospital, Manila, to duty at the Convalescent Hospital, Corregidor Island, Philippine Islands.

Valentine, Minnie I., transferred from temporary duty at the United States Army General Hospital, Presidio of San Francisco, California, to the United States General Hospital, Fort Bayard, New Mexico.

Ward, Eugenie M., under orders for transfer from the Military Hospital at Nueva Caceres to the First Reserve Hospital, Manila, Philippine Islands.

Whelpton, Sarah, promoted to the position of chief nurse at the Santa Mesa Hospital, Manila, Philippine Islands, to date from April 20, vice Annie Robbins, resigned.

Yeamans, Laura Etta, transferred from the Santa Mesa Hospital, Manila, to the Military Hospital, Vigan, Philippine Islands.

Zellar, Clara M., transferred from the Santa Mesa Hospital, Manila, to duty at the Military Hospital, Dagupan, Philippine Islands.

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Moore, Cynthia E., died at the United States Army General Hospital, Presidio of San Francisco, May 11, 1901, of organic disease of the heart, the result of an attack of rheumatism early in life. She resigned from the army some months ago, but was cared for at the Presidio until her death.



## THE EDITOR

*SS Doell - substitute*

THE Editor-in-Chief of THE AMERICAN JOURNAL OF NURSING is taking a vacation, preparatory to devoting her whole time to the JOURNAL, and her substitute apologizes at the outset for any deficiencies which may be noticed. Her short experience has already made her realize afresh what a substantial debt we owe our Editor, who undertook to add such an exacting piece of work to the heavy responsibilities of a hospital.

The plans for the Nurses' Congress are working out well, and the prospects are that we shall have a most satisfactory gathering, both in numbers and enthusiasm.

Our home nurses are bestirring themselves to send delegates, and the greatest interest is being felt in our foreign guests, how best to "give them a good time," and to make the most of their short stay. It is unfortunate that, all being the busiest kind of busy women, their time will necessarily be limited; and so it is much to be hoped that our local Entertainment Committees will vie with each other in planning out programmes. It will be hard indeed to surpass the hospitality which was shown to American nurses at the time of the last International Congress in London.

We would suggest to our Entertainment Committees not to overdo showing the visitors through hospitals, but to try and let them see as much as possible of other things, more especially anything that is different from what they have at home, for it is novelty that attracts one when abroad, and they will all be interested to see what is genuinely American, both in sights and in manners.

It is much to be hoped that a wide variety of opinions and many diverging points of view will be presented at the Congress, for beside being so much more interesting, nothing does one so much good as having people disagree with one. It keeps one balanced.

We are inclined to think that some misunderstanding exists in certain quarters about the actual purpose of our Congress, since refusals have come in to the committee, expressing the kindest interest, but regretting on the ground that to be present might seem equivalent to supporting views and policies not actually held by the writers.

This seems to us distinctly an unfounded fear, since our one purpose in our Congress work is to *compare* ideas and to become acquainted with each other. The same baseless fear appears in the correspondence

lately published in the *London Times* regarding nursing questions, wherein dissatisfaction was expressed lest certain tendencies in English nursing thought should be heard here and be supposed to represent all of English nursing.

Now we are sure we speak for the whole profession in America in saying that all shades of thought will be welcome, and each one will be taken just for itself, and not for anything else. We have invited all the various elements in English nursing, as well as every shade of variety on the Continent and in other countries, as far as we have learned of them, and cordially urge them all to come. No one need wear a label, and all that is needed, in order to secure proper representation of every interest, is for every one to be present and share in our proceedings. Or, if they cannot come, they could write papers, which will be published hereafter in our reports.

Perhaps in our happy-go-lucky way we do not always take other people seriously enough, and it was a little terrifying to hear that one of our foreign correspondents asked whether our Nurses' Congress had been officially recognized by the government of the United States!

In a former editorial our readers were reminded what a vast mission work nurses might carry on, as they went about among their private-duty cases, simply by talking suggestively and intelligently on questions of public health and sanitation, notably in regard to the measures necessary for limiting the spread of tuberculosis.

We wish to recur to this theme, and urge upon our rank and file the definite satisfaction which may be found in supporting and helping to make known the various movements towards prevention of this dreadful disease—not simply prevention by means of burning, boiling, and disinfection, but prevention which aims at keeping well people well by seeing that the houses they live in and the places they work in are not allowed just to be forcing houses, pure and simple, for all kinds of contagions. Two such movements are described in our last issue in the "Reports from the Tenement-House Commission" and the article on the work of the "Consumers' League."

As to the former we can do little but talk, though even thus we may do good by planting in various minds a crop of new ideas, but as to the latter we can be of definite and material help every time we go to purchase a piece of ready-made clothing. As Mrs. Kelley said in her article, the greatest energy of the league is now devoted to investigating the houses and factories where clothing is made, in the hope that when the public is fully acquainted with the horrors of the sweat-shop, public opinion will refuse to support manufacturers who grow rich at the ex-

pense of the lives and health of their employees, and will encourage, morally and financially, the more enlightened firms who wish to provide decent living conditions for their workers.

Nurses, from the nature of their work, are almost certain to buy most of their under and outer garments ready made. We think too that, ignorant of the circumstances of their fellow-beings who work at the machines in the factories, they too often go to the bargain counter or to the stores where great sales of cheap clothing are advertised, quite unconscious of how much harder they are making it for the workers to live. We have seen these horrible sweat-shops, the thought of which rises like a nightmare behind every counter of cheap clothing. It is there that people are made ready and started in tuberculosis, and that germs of scarlet fever, measles, and skin and eye diseases are cultivated so thoroughly that all our boiling and baking afterwards are of little account.

What we can do is for each one, when purchasing, to ask if the firm has the desired article bearing the label of the league, and to explain that we wish it because it means fair conditions of work for the worker.

In almost every large city now are to be found retail stores which keep these decently made goods, but even if they cannot be found, we keep on asking for them before we finally purchase, for in this way the demand is created, and presently the retailer will be induced to buy from the manufacturer who sells the righteously made clothing.

Every month, through this pressure of public opinion, one or two new factories are added to the list of those who are granted the label, and the secretary of the league is constantly investigating others, too often to find that their conditions are too bad even to be considered.

If every woman would do her share, in sympathy for the workers and in horror of disease and filth, every article of woman's clothing could soon be included in the list of those bearing the label which stands for preventive hygiene and sanitation.

WE know various nurses in New York State who must be directly or indirectly affected by the law lately passed in that State giving property holding women the right to vote on appropriations of money in towns of the third class and villages.

Some own little houses themselves, or their sisters and mothers are taxpayers. We sincerely trust, and we also believe, that their training has made them better fitted to accept this new duty with the purpose of performing it conscientiously and with intelligence, for this will be the best way of getting the same right extended to other places.

